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ABSTRACT

The report of the Second Annual National Conference on Child Abuse and Neglect (1977) contains 58 papers dealing with contextual issues and government interventions. Papers in the first section address the general focus of the conference (the role of government in strengthening the family, family life preservation, child protective services, the role of the community, the psychosocial ecology of child abuse and neglect). Papers in the second section address the following issues (sample subtopics in parentheses): family systems in society (changing family roles and structures, isolation and devaluation); cultural and cross-cultural perspectives (cultural milieu, Indian reservation community development, Mexican-American child abuse, housewife/mother's role in society, child abuse in the United Kingdom, corporal punishment in the schools, interventions); research (a practitioner's view, a behavioral perspective, treatment program evaluation); emotional abuse (emotional neglect); child neglect (labeling, accountability); prevention (recent trends, future education, prediction); public awareness (public education, misconceptions, self-referral programs); and reporting systems (use of needs and resources assessment data, central registries). Section 3 deals with the following governmental interventions: role of federal, state, and local government; legislative and legal issues (legal mechanisms for accountability, corporal punishment); and parental problems and solutions. (BD)

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Vol. 1

Child Abuse and Neglect: Issues on Innovation and Implementation

Proceedings of the Second National Conference on Child Abuse and Neglect

April 17-20, 1977

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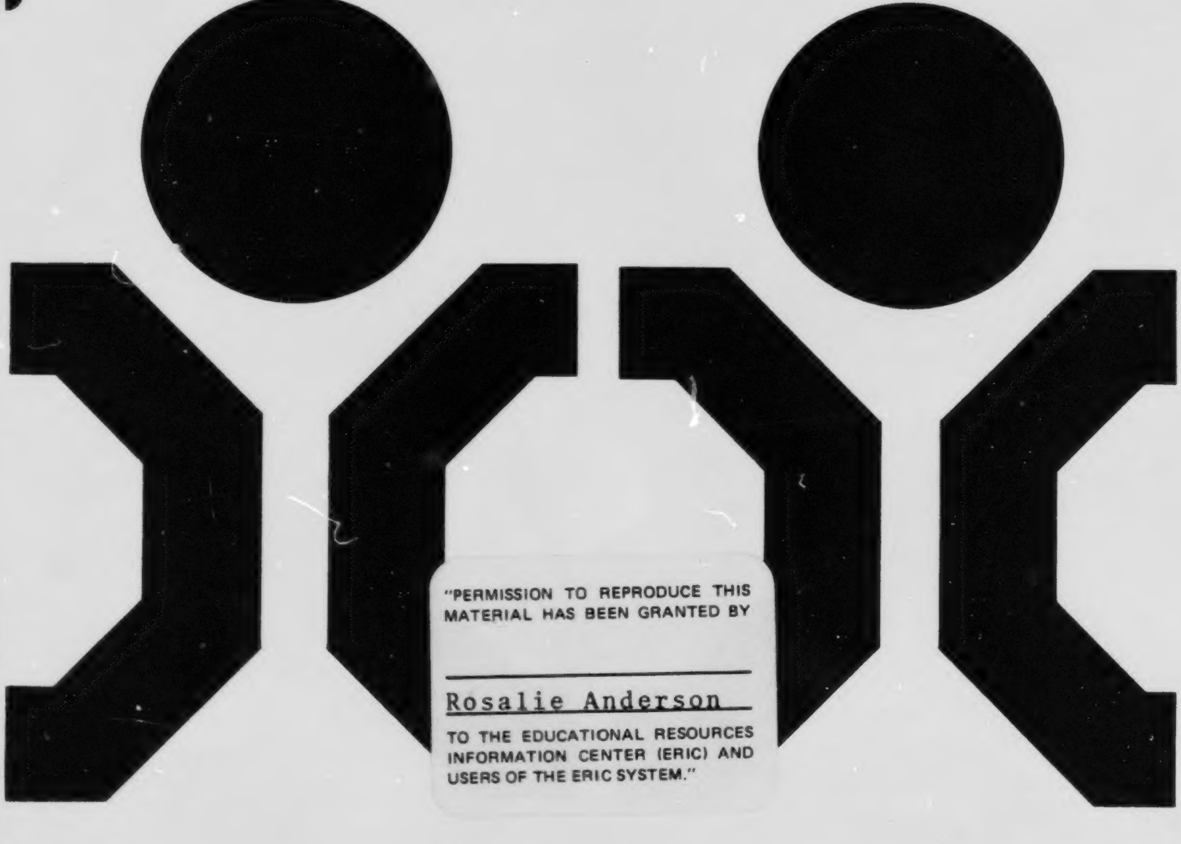

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CHILD ABUSE AND NEGLECT: ISSUES ON INNOVATION AND IMPLEMENTATION

Proceedings of the
Second Annual National Conference on
Child Abuse and Neglect
April 17–20, 1977

Volume I

Edited by:

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OVERVIEW

The Second Annual National Conference on Child Abuse and Neglect, sponsored by the Region VI Resource Center on Child Abuse and Neglect in cooperation with the National Center on Child Abuse and Neglect, Children's Bureau, Administration for Children, Youth, and Families, U.S. Department of Health, Education, and Welfare, was held in Houston, Texas, on April 17-20, 1977. During those four days, some 1,100 participants interacted with experts in child abuse and neglect from the fields of social work, psychology, psychiatry, medicine, government, education, and law.

In four major plenary sessions, leaders from the various disciplines discussed the role of the consumer/family, the role of the community, the role of state and federal governments, and the role of the political process in dealing with the problems posed by child maltreatment. In addition, 25 panels and 80 workshops provided detailed information and discussion relating to the many issues of child abuse and neglect and suggested various levels of intervention with children, parents, families, communities, legislatures, and the federal government.

In the year that has passed since the First National Conference, the National Center and local, state and federal governments have supported many research and demonstration projects. The results reported on at this conference showed many approaches that work, and a few that do not. They demonstrated clearly that although we still do not know all the answers, we are improving our abilities to choose the right questions to ask.

If any theme could be said to have run through the whole massive proceeding, it was probably this: that child abuse and neglect is not merely a private affair between caretaker and child, but rather a crisis that affects and is affected by the entire community--and "community" may be defined as broadly as one wishes. Although our efforts for social reforms must not overshadow intervention with individuals, which is still a viable and needed modality, the field has moved past the concept of the "sick parent" to that of the "conflicted society."

One thing an overview needs to recognize is that the Conference was more than the sum of its plenary addresses, panels, and workshops, that speakers and participants interacted in many ways, and that a few words--enthusiastic, thoughtful, discouraged, challenging--spoken between two individuals, perhaps over coffee, perhaps during a reception, may have more immediate relevance than an extensive research study.

If the Conference was more than the sum of its meetings, this book is more than a compilation of what was said at those meetings. The goal of the editors was to produce a publication that went beyond reporting to make a statement about the state of the art in child abuse and neglect, and to provide a context for a collection of papers by professionals and lay people vitally concerned with child maltreatment which would form a lasting and useful addition to the literature.

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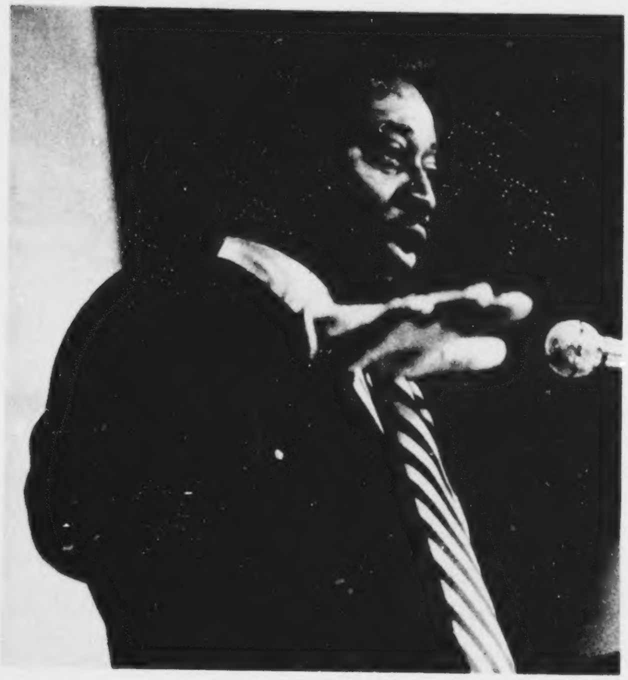
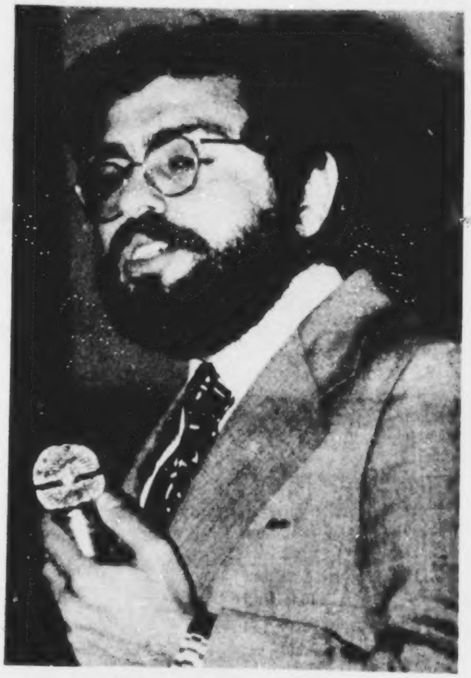
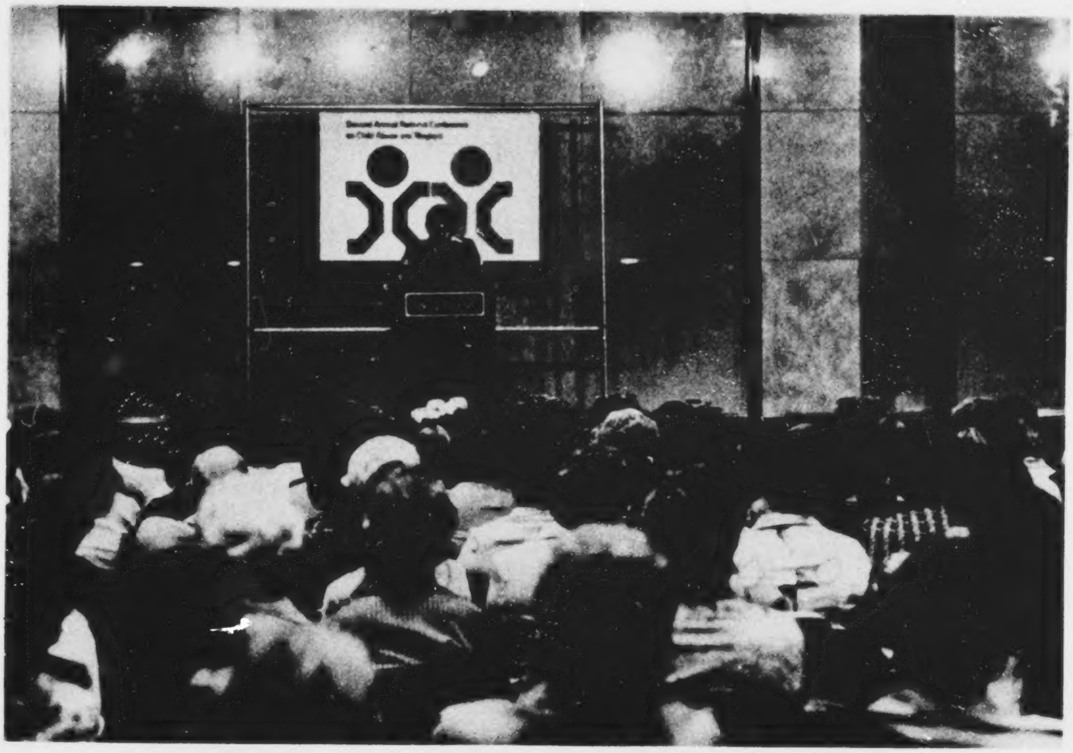


T. George Silcott



Douglas J. Besharov



Governor Apodaca addresses a plenary session

C. Henry Kempe

Governor Jerry Apodaca

The Honorable Justine Wise Polier

FOCUS

These papers, all written by leaders in the fields of child abuse and neglect research, social welfare, and government, present an overview of the problem of child abuse and neglect at the social system level. Acknowledging that "child abuse and neglect is by itself not a preeminent concern at the highest levels of government," they discuss the potential of government policies to support and strengthen families and to set goals for the responsible exercise of political power at local, state, and federal levels. These considerations are complemented by overviews of the social, psychological, and cultural ecology of child abuse and neglect as a multidimensional family phenomenon requiring a multidimensional societal response.

Drawing on his experiences growing up in the multi-cultural milieu of southern New Mexico, Governor Jerry Apodaca, one of only two Spanish-surnamed American governors, discusses the role of government in strengthening families, and challenges professionals to achieve their shared goals. Government, while not able to intervene directly with most families, can serve families by creating a nurturing climate of prosperity, equal opportunity, progress, and hope.

T. George Silcott, Executive Director of the Wiltwyck School, presents detailed social and economic data on American families and shows how poverty-level survival relates to the corrosion of family living. Interventions by the child welfare and juvenile justice systems, fragmented and inadequate as they often are, may be more abusive and neglectful than the parents they categorize. A consumer/family and family life preservation model makes specific recommendations to the Federal government for integrated data collection systems, "no fault" social services and income support, community-based services, and a strong policy on full employment.

Dr. C. Henry Kempe, a pioneer in the study of the medical and social aspects of child abuse and neglect, presents an overview of past and present models of the dynamics of child abuse and neglect and their treatment. Social work has traditionally borne the greatest responsibility in dealing with child abuse and neglect, but needs additional supporting resources in the fields of day care, foster care, community-wide programs, and the courts in order to provide services and prevent burn-out. Social work also needs to move toward an autonomous practitioner-consultant model and away from the current restrictive caseworker-supervisor framework.

Discussing the role of the community from the judicial perspective, Judge Justine Wise Polier reviews the history of community response to the problems of child abuse and neglect, from the parent as sovereign to the parent as monster and on to current judicial nonintervention. She urges communities to accept and provide for abusing and neglectful parents; to take an active, vocal role in determining the quality of child care in institutions, including schools; and to make a concerted effort to serve those children who are abused and neglected, not by their parents, but by the negligence and indifference of our social and economic systems.

Raymond Vowell, former Commissioner of the Texas Department of Human Resources, discusses the role of the political process in setting priorities and the importance of informing the public of the needs of children and families and involving them in the decision-making process. Though some legislative progress has been made, and the Department of Human Resources has expanded and refined its services, efforts must be continued to educate governments and communities about their roles and responsibilities toward families.

Douglas Besharov, Director of the National Center on Child Abuse and Neglect, reviews past and present activities of NCCAN and suggests possible future directions for research and demonstration. Based on the premise that the definition of child abuse and neglect influences the response to it, he elaborates a model of the psychosocial ecology of child abuse and neglect, taking into consideration intrapersonal, situational, cultural, and social/institutional effects upon the family system.

Dr. Michael Lauderdale, Principal Investigator of the Region VI Resource Center on Child Abuse and Neglect, presents an overview of child abuse and neglect issues. Focusing on the areas of etiology and professional roles, he notes areas where progress has been made, and contrasts these with other areas which still lack resolution.

The Role of Government in Strengthening the Family

The Honorable Jerry Apodaca
Governor of New Mexico
Santa Fe, New Mexico

It is a great honor for me to open this Second Annual Conference on Child Abuse and Neglect. It is also a pleasure to welcome the conference participants to Houston, Texas, and to the great Southwest. I know all of you come from varied geographic areas of our country, and for some this may be the first visit to the heart of the Sunbelt states. It is indeed heartwarming to see the interest, enthusiasm, and concern that surrounds the opening of this conference.

We have a saying around New Mexico that "Schools are for kids." In spite of our daily hassles about salaries, collective bargaining, bricks and mortar, bond issues, funding, and other issues, we cannot forget, even for an instant, that the schools exist for students, not principals, or administrators, or teachers, or the PTA, and that our only guide should be what's best for the kids. Well, the same spirit permeates this room. We also recognize we are seated in the biggest room in the world—"the room for improvement."

As I prepared this speech I recalled my own childhood and youth on the eastside of Las Cruces, New Mexico, where the Mexican-American families comprised about 98 percent of the population. There, in the dirt-lined streets of Las Cruces, where nearly everyone was related, the American model of the nuclear family was unheard of.

I guess we weren't as advanced as the rest of the country in the forties and fifties. But looking back, I think I was fortunate in growing up in such an environment, with aunts and uncles ready to appear at any street corner, and with *abuelos* and older cousins watching you grow. The sense of community and family ties were both strong. The eastside of Las Cruces, although not wealthy then or now, has produced doctors, lawyers, a Supreme Court justice, priests, teachers, bankers, and even a few counselors and social workers.

I guess we will never be able to return to those days when "family" meant a host of maternal and paternal relations other than those of the immediate nuclear home. Perhaps the American ways of living can never fit the multigenerational household, sharing the responsibilities of child-rearing. But I cannot help feeling that we have lost something.

I don't claim to be an expert on the causes of child abuse. I can't match the years of study and practical experience that you have gained as professionals. But as a father of five, a former teacher, former legislator, and as New Mexico's highest elected official, I can offer you some perspectives on how we, as a people, can reduce some of the elements which lead to neglect and abuse.

One of the current controversies in New Mexico and other western states, and indeed throughout the country, is in the area of corrections—our criminal justice system. Americans have grown increasingly conservative in their approach to crime and criminals, and they don't want to be mugged or robbed by some thug who has an arm's length list of prior arrests. They want stiffer penalties—and more outlaws behind bars. They don't care about rehabilitation as much as they demand self-protection. Citizens don't care how much prisons cost as long as they are filled with criminals. Political officials are responding to this call because we see the public's concern as legitimate. Longer, fixed sentences are going to become the standard, not the exception.

In looking at this current situation, however, I think of the past neglect through which we ignored the immense social problems which inevitably led to our crime problem. Couldn't we have allocated our resources differently to stave off the expenditures of so much greater funds now? Why did we place such a small priority of the national budget on the young people? Now we must pay much higher amounts to repair the damage resulting from our neglect.

In New Mexico, over 75 percent of our state dollar goes to education. It is an expenditure for which I never apologize, even in the face of political criticism, because it is an investment in the future of our state, its people, and our country.

I come to Houston to discuss the role of government in strengthening the family, the individual, and in battling such social problems as child abuse and neglect. I can only give you one man's view, but I can present a challenge that should move all of you for many years to come. The success of this conference will not and should not be measured at its adjournment. The success of this conference should not be judged on the eloquence or insights of the speakers, or the participation of the registrants, or the originality of the ideas expressed, or even the vitality of the debates and workshops.

No, the success of this conference, indeed of any conference, can only be determined years later by the success you had in returning to your states and achieving the goals you share in common. You are the professionals, the physicians, the psychologists, the social workers, the educators, who deal with the troubled families of America.

You are the ones who can best resolve the problem, and so it is up to you, and nobody else, to fight for sufficient resources to carry out your work. I am not here to say that it is easy, but then again nothing worthwhile ever is. You are the people who can capture the attention of policymakers, you can because you must, for no one else can do it for you.

We in America face an era of changing realities. Some politicians and leaders are meeting this new challenge, but some are not. No longer do we live in an era of abundance. No longer can we say that America is a land of limitless resources, because there appears on the horizons a limit to these resources--land, water, energy--and so we must learn to live with less, to pamper nature, and not ourselves.

Any politician who says we will not have to give up some of our current luxuries, or abandon our conspicuous waste of resources, is doing the country a disservice. Likewise, the spending priorities of our governments--local, state, and federal--will also be subject to change, and this is where you are going to have to fight, and fight very hard. In order to correct the child abuse problem in America, government at all levels must create a positive environment for all citizens.

Authorities believe the overwhelming influence in child abuse and neglect is stress, both in family life and in areas in which government can take action--employment, physical and mental health, income support, housing, education, and child care. Let's face it--these basic human needs are where the bulk of our money should go. If accomplished, we won't be faced so often with the need for much larger expenditures to solve much more complex problems created by our previous stinginess or neglect.

In reading your professional journals, I have learned that child abuse does occur in middle-income homes, although less abuse is reported than actually occurs. The overwhelming evidence points, however, to a strong correlation between poverty, unemployment, and child abuse. One study concluded that reported child abusers are disproportionately represented in the lowest social classes, that there is up to 50 percent unemployment among child abusers, and that nearly 60 percent of the affected families receive some kind of public assistance.

Although we could conclude that poverty is an insufficient cause for child abuse, I think it reasonable to assume that if we, as a nation and a people, reduce family stress by improving economic conditions for our citizens, we also will have gone a long way in reducing the problem of child abuse and neglect. That is why proposals to expand employment opportunities should be encouraged by public and private interests. There is nothing more fundamental to the emotional well-being of a person and to the stability of a family than gainful employment. A person with a job has self-esteem and hope, and a person with hope has everything.

On the other hand, a person without a job loses his identity and self-respect, and soon despairs of both himself and the world around him. That is why federal make-work programs, for all their drawbacks and inefficiencies, accomplish a great deal.

We should realize how essential low unemployment is to the vigor of our country, and that is also why whenever I am asked what my priorities are as Governor I respond with only three words--education, and economic development. With expanded educational and work opportunities, more Americans can enjoy the "good life." These two areas, education and jobs, are the keys to the future. They are the keys to preserving individual capacity to act, and to provide for oneself without depending on government or anybody else.

We spoke before of the need to preserve and protect our natural wealth such as oil, water, and gas. Should we not be as careful and cautious with our human resources? I think it was Franklin Roosevelt who said, "The only real capital of a nation is its natural resources and its human beings. So long as we take care of and make the best of both of them, we shall survive as a strong nation, a successful nation, and a progressive nation." As we begin America's third century, we should not squander any of our resources, natural or human.

I feel it is in creating a climate of prosperity, equality of opportunity, and of progress and hope that government will play its most significant role in promoting the health of the American family. If we succeed in these efforts, then we need not be so preoccupied in reconstructing already crumbled merchandise.

I happen to be an optimist about the changes government can effect. Government can do great good for many people. I cannot, however, rewrite history, or alter people's attitudes about how they should run their lives. I don't think, for example, that government can do much to lower divorce rates or that it should even try. Nor do I think government can do too much to attract foster families. We can increase foster care board rates, and in New Mexico we have done so over the past years. But we cannot rely solely on the great anticipated surplus of parent-aged men and women to solve our foster parent deficiencies. We can do little to alter the national trend toward smaller families--whether natural or foster.

At the same time, innovations in recruiting foster homes should not be overlooked by either private or public entities. The generation of the post-war baby boom is now starting new households every day, and by all indications they will have sufficient jobs and income to adequately sustain their smaller-sized families. Here again, you will be the key; you must do the convincing; and you will have to scream for public attention, and then hold it. No one is going to do it for you.

Foster care is one area where we need the cooperation of government and private citizens because I think no one relishes the prospect of public institutional care to the point of warehousing children, or the state becoming a substitute parent.

These are challenges you face in the years ahead. They encompass many complex issues on a number of fronts. But that is the human condition. Life would be boring without problems to solve, challenges to meet, and improvements to be made.

More important, all progress must begin with a true assessment of the obstacles ahead. You will encounter many, and that is how it should be. If you talented professionals are not in the front lines of these battles, who will be? Our work is just beginning. Naturally, the challenges you face will result in many long and difficult hours, and I do not envy you.

Child abuse is prevalant today in all parts of our country. It is symptomatic of a society where violence remains too much a part of our national character, a dark spot in our history. We too often view violence as a means of settling disputes, as an easy outlet for frustration, or as the only method of discipline.

Therefore, I urge you to get busy with the work of this conference and the work of your professions. I am aware of the patience you will need and the disappointments you will sometimes meet. I congratulate you on your willingness to assume this kind of work, and in dealing with people--young people especially--who face so many problems, and who sometimes seem so helpless. Your rewards may be a long time coming, but so very worthwhile when once you do see the success story of a family you have helped become contributors to our country's welfare.

Institutionalized Social Bankruptcy Equals Child Abuse, Therefore Today's Challenge: Family Life Preservation

T. George Silcott, Executive Director
The Wiltwyck School
New York, New York

This is the second Annual National Conference on Child Abuse and Neglect. All assembled here, and those who will attend and participate in this conference in the next few days, are deeply concerned about and involved with the problems of child abuse and neglect.

We have friends, co-workers, and family members who are as concerned and disturbed about child abuse and neglect as we are.

The vast majority of federal, state, and local legislators are as concerned about child abuse and neglect as we are. In equal measure, federal, state, and local executives and administrators are concerned and disturbed about this pernicious problem. Business, industry, labor, and agriculture--on all levels--join with the private, non-profit human service industry in their deep-seated concerns about child abuse and neglect. The media, in justifiable indignation, periodically highlight, and focus our attention on, specific incidents of child abuse and neglect.

Were we able to merge and unite all of those who share this deep concern, shock and outrage--were we all to meet as an ocean of concerned citizenry and fill the grounds between the Lincoln Memorial and the Washington Monument, as we did in 1963, our expended efforts would have only marginal impact. We must reshape our thinking, our priorities, our national conscience in such a manner that truly addresses abuse and neglect, or else our agenda for the third annual conference will not be dissimilar to the second annual conference. In truth, we can expect the fifth, the tenth, and the twentieth annual conference agendas merely to reflect our reactions to the intolerable circumstances existing today.

Many of us read about and participate in a wide variety of local, state, and federal "plans for action." On local, state, and federal levels, we have the equivalent of organizations not dissimilar from a citizen's committee for children, joint action committees for children, and various child advocacy organizations.

We have seen and read prestigious national, state, and local studies on the plight and conditions of children, and of the awesome ravages and resultant human waste caused by poverty. Nongovernmental studies and analyses abound concerning the dysfunction and fragmentation of our human service systems.

All this we know. Yet we are assembled here, the cynic and the driven, the idealist and the realist, the conservative and the radical--we, in convocation, are a sampling of the concerned citizenry.

As keynoter, I see my task as one that challenges us to move beyond repetition and inertia. I see my task, beyond rhetoric, to challenge our perceptions of the problem of child abuse and neglect in such a manner that could move us realistically and rationally to basic, meaningful resolutions of this problem.

I see my task to urge us, at this conference, to develop strategies and approaches for our elected and appointed representatives, in high and low office, that lead to quantum, substantive changes in the governmental impact on the human condition, rather than incremental changes in the condition of the victim. I will press for a drastic change in our collective conscience, a change in personal priorities, and the generation of the will (the capacity) to make our rich resources work to improve the condition of children by saving their families.

BASIC ORIENTATION AND REFERENCE POINT

Child abuse and neglect cannot be understood nor effectively addressed in a vacuum. Every abused or neglected child is the result of a multi-dimensional problem, inextricably interrelated with other concerns and issues. When we focus our attention merely on dealing with the abused and neglected child--or on the abuser and neglecter--or when we focus on the narrow category of abuse and neglect--however defined--we have already lost that battle. More grievously, we have distorted and skewed the problem, and have so limited our options that we must fail in our efforts to comprehend the problem.

When we focus on mental illness rather than mental health, we indeed must be labeled crazy before we receive needed mental health services. When we structure and channel the child welfare system dollar so that services are made available upon the placement of a child, we aid and abet the abuse and neglect of a child and its family in the first instance.

When we enact laws that mandate juveniles accused of committing crimes be tried in adult criminal courts, we do not effectively limit the incidence of serious delinquent acts, but effectively divert our attention from dealing with juvenile delinquency as an expression of our inability to work with children at the preschool age. We certainly avoid the interrelated issues of inadequate schooling, the desert of vocational career building, and the unavailability of employment options. Also, when we make "child abuse" money available for services only after abuse is proven, we encourage and abet child abuse.

Abuse and neglect impacts on a child, a sibling, and a parent. The social, economic, cultural, and ethnic contexts in which these specific occurrences take place are as real as the specific occurrences of abuse. They must be dealt with.

Various discrete pieces of legislation address narrow categories, have specific definitions, and have different eligibility requirements in order to receive services. Class action suits are narrowly defined to address specific categories: the mentally ill, the handicapped individual, the placed child, and the mentally retarded individual. Executive intent and priority point to specific "ills"—specific "problems." Administrative bodies further define and limit the legislative, executive, and judicial actions when they promulgate and issue the necessary rules and regulations in order to carry out their departmental obligations.

Yet, the consumer/family cannot be treated as an abstraction. The child and family living in a given neighborhood are real. What we have been doing in our attempts to deal with disparate, discrete "problems" is to violate, abuse, and neglect the real consumer/family.

The whole child, albeit damaged--the whole family, albeit divorced--the whole family, albeit disorganized and isolated--is put into little compartments. Our current practices and definitions are antagonistic to the whole consumer/family who lives in a given neighborhood.

Because of our laws, because of our piecemeal priorities, because of our current conflicting rules and regulations--we, in effect, mandate that the impact of our efforts be partial, be piecemeal, be arbitrary, be abusive and neglectful of the whole child and the whole family. Intent and good will notwithstanding, we impact on child and family in such a manner that we contribute to the family's deterioration, disorganization, disintegration, and dispersement.

Stated positively and assertively, our national commitment, as its primary priority, must be the preservation of family life. Our policies and efforts must mirror a basic commitment to children and their families. We must reorient and reorganize our efforts and services so that they impact overwhelmingly to preserve family life.

LEGISLATIVE AND ADMINISTRATIVE PERSPECTIVE

As a direct national response to the Great Depression of the thirties, the highest presidential priority spurred the enactment of, and gave the imprint to, much of our welfare system as we know it today, 40 years later.

During this time our welfare system developed in an uncoordinated, sometimes unresponsive, and sometimes dysfunctional fashion. Discrete programs have been added--with no attempt to integrate them with other programs. It is as if programs were piled upon other programs. And once you have a program, you obviously need a discrete administrative agency to monitor and operate the discrete program. Not only do the program gatekeepers promulgate their own rules and regulations with regard to eligibility, etc., but the gatekeepers are responsible to different administrative bodies and different legislative committees--committees which do the essential financial underwriting for the programs.

The April 3, 1977 New York Times commented on a recent library of Congress report that listed 55 separate federal programs that provide government payments of cash or services to various categories of people with limited income. The Times article quotes a landmark study of welfare in 1974 by the Congressional Joint Economic Committee's Subcommittee on Fiscal Policy which describes this witches' brew: "...our income security programs," the subcommittee stated in its report, "are shaped by at least 21 committees of the Congress and by 50 state legislatures, by six cabinet departments and 3 federal agencies, by 54 state and territorial welfare agencies, by more than 1500 county welfare departments, by the U.S. Supreme Court, and by many lesser courts."

The federal phenomenon recurs on the state level. In New York for instance, the Temporary State Commission of Child Welfare reported in its 1975 publication, "The Children of the State, I-A Time for Change in Child Care," that statutes or parts of statutes explicitly dealing with child welfare laws appear under no less than 22 different volume headings of McKinney's: Administrative Code of the City of New York; Civil Practice Law and Rules; Civil Rights Law; Correction Law; County Law; Criminal Procedure Law; Domestic Relations Law; Education Law; Estates, Powers, and Trusts Law; Executive Law; General Municipal Law; Indian Law; Judiciary Law; Labor Law; Local Finance Law; Mental Hygiene Law; Not for Profit Corporations Law; Penal Law; Public Health Law; Social Services Law; Surrogate's Law; Surrogate's Court Procedure Act; and, Unconsolidated Laws.

The report hastens to add that "...We make no claim that even this list is exhaustive and concede that, in some cases, the exclusions were more or less arbitrary." New York is by no means unique in this matter.

STATISTICAL PERSPECTIVE

A. Numbers are Suspect

Much can be said about how we have been responding to specific categories of dysfunction and problems. I will highlight only a few of them. The patterns repeat. The cumulative effect is over-whelmingly destructive to the real consumer/family living in a real neighborhood.

I would like to mention one fact that directly affects those of us involved with projects concerned with child abuse and neglect. Congress requires the Office of Child Development (OCD) of the Department of Health, Education, and Welfare (HEW) to provide annually true figures concerning the incidence of child abuse and neglect and to reflect appropriate rates of increase and decrease. The OCD recently authorized a $1.5 million contract just to come up with proper definitions in order to obtain the data Congress requires. As an aside, the New York Times reported last week in a feature article in its Family/Style Section that child abuse occurring in the suburbs (Westchester County, an affluent county in New York) is simply not reported. The article states: "Child abuse, according to experts, has reached epidemic proportions nationally, even after a decade of new laws and educational programs. Still, they say, there is a *reluctance* (my emphasis) to report it, *especially in the middle class* (my emphasis). Private physicians reported only 6 of the 891 cases investigated last year by the child protective services agency in Westchester." The article concludes, "Experts also began to ask whether it was time for a new look at the law mandating the reporting of abuse cases, especially in view of the widespread disregard of that aspect."

B. Relevant Data

I would like to present some statistics I find relevant:

—The difference between a 7.8 percent unemployment rate vs. a 4 percent unemployment rate represents $200 billion in lost wealth (J. D. Straussman—*Society*, March/April 1977);

—The suicide rate has doubled in the last decade among the 15-24 age group. It is one of the 10 leading causes of death and the third leading cause of death among young people; and,

—A study just completed shows that the level of alcohol abuse among junior high school students, in one area of New York City, is double the 1974 rate of alcohol abuse noted among high school students for the same area three years ago.

According to Herbert Bienstock, Regional Commissioner for the U.S. Department of Labor, 15.6 percent of the nation's total unemployment last year (that means one out of every six "officially" unemployed persons in the United States last year) live in New York and New Jersey. New York's "official" unemployed work force is higher than the total work force in 17 other states, a total of 1,390,000 persons registered as out of work. It is more important to note that while nationally the 1975 unemployment rate of 8.5 percent declined to 7.7 percent at the end of 1976, in New York the percentage of the "official" work force without a job climbed from 9.5 percent to 10.3 percent in the same period, and the New Jersey percentage rose from 10.2 percent to 10.4 percent.

A statistic that has special meaning for me is that approximately 28 percent of the all-volunteer Army is Black. Without speculating on the obvious employment reasons for this, I note a pending policy change that is receiving the highest national attention, namely, the need to return to a conscripted army. Among the key reasons offered is that the all-volunteer Army is too costly.

I also point out that as government-sponsored work programs have been announced, poor minority group people (youths and adults) overestimate these opportunities.

COMPARATIVE FAMILY LIFE DATA

A. The Changing Family

To meaningfully relate to the issues of preservation of family living, it is essential we have an overview of the changing family structure. I commend two articles to you:

(1) "The Next Generation of Americans," by Urie Bronfenbrenner, a paper delivered at the 1975 Annual Meeting of the American Association of Advertising Agencies; and,

(2) "The Changing Family," a series of articles published in the Wilson Quarterly, Winter, 1977.

I will use material from both sources and have liberally paraphrased material from the Bronfenbrenner article.

Without defining the parameters of family, it is necessary to state that the American family and family life-style have undergone dramatic changes in the last two decades. Some of the changes are:

—As of 1975, there were 55.7 million families in the United States. Eighty-four percent of these were two-parent families. Thirteen percent are female-headed households and 3 percent male;

—Sixty-eight percent of these female-headed households and 45 percent of the male have children living at home;

—As of March, 1974, among two-parent families with children, 51 percent of married women with children from 6-17 were engaged in or "officially" seeking work. In 1948, this rate was only 26 percent.

—One-third of all married women with children under six were in the labor force in 1974--three times as high as in 1948; and,

—Over the last 25 years, with a sharp increase in the last 10, there has been a marked increase in one-parent families. In 1974, one out of every six children under 18 years of age lived in a single-parent family. This is double the rate of 25 years ago.

In general terms, it is important to note that the majority of parents (80 percent) in single-parent households are also working. In addition:

—The divorce rate has increased 250 percent since 1960;

—The first-marriage rate is approaching in all-time low;

—The remarriage rate is down slightly;

—Close to 130 out of 1,000 infants (13 percent) were born to unwed mothers in 1974. In 1948, the ratio was about 46 per 1,000, or 4.6 percent.

—In 1960, 28 percent of the women between 20 and 24 were single;

—In 1970, 40 percent of the women between 20 and 24 were single;

—Trends consistently show increased divorces among men between the ages of 35 and 44 who have low incomes and low educational attainment. It is important to note, however, that divorce rates across the socioeconomic spectrum are increasing; and,

—In 1974, almost one out of every four parents (approximately 25 percent) under 25 heading a family was without a spouse.

B. Economic Dimensions

Some important economic dimensions must also be added to the equation:

—In 1974, 67 percent of the families with incomes under $4,000 contained only one parent. This represents an increase from 42 percent in 1968, six years earlier;

—Among family heads under 25 with earnings under $4,000, the proportion of single parents was 71 percent for those with all children under six years of age and 86 percent with all children of school age; and,

—There are more than 1.5 million female-headed families under the age of 25 with a median income of $2,800. They constitute one-third of all female-headed families with children under six.

C. Urbanization Dimensions

These are some of the dimensions of urbanization:

—The percentage of single-parent families increases markedly with city size;

—Younger families break up more frequently than older ones in large urban areas;

—In cities with more than three million population, one out of three to four households has a single parent at the head; and

—The most rapid change occurs not in the larger cities but those of medium size. These high levels of family fragmentation, a pattern six years ago confined only to the major metropolitan centers, occur in smaller urban areas as well.

D. Ethnic Dimension

We must also evaluate some racial dimensions of the situation. At the outset, it is important to note that the overwhelming majority of Blacks and whites do not live in similar circumstances:

- In 1974, 50.7 percent of all Black children under 18 lived with two parents, compared with 86.7 percent of the white children;
- In 1974, the percentage of single-parent families with children under 18 was 13 percent for whites and 44 percent for Blacks;
- In 1974, about 6 percent of all white families with children under 18 were living in cities with a population of three million or more, as compared with 21 percent for Blacks, over three and one-half times higher, and this ratio has risen steadily in recent years;
- In 1973, the median family income for an intact white family with children under six was $12,300. It was $6,700 for a Black family; and,
- In 1973, 33 percent of all Black families with children under 18 were classified in the low income bracket, compared to 8 percent of whites--a 4:1 ratio.

E. More Statistics

Further statistical evidence shows that:

- Forty-four percent of white families with children reside in suburbia. Seventy percent live outside the poverty areas and have incomes above the poverty line;
- Black families constitute 14 percent of all American families. Sixty-six percent of all families with children living in poverty areas of central cities with incomes below the poverty line are Black; and,
- Fifty-eight percent of the Black families are concentrated in central cities and half of these, in turn, have incomes below the poverty line. One out of every six (17 percent) Black families with children under 18 are found in the most vulnerable circumstances--low income in poverty areas of a central city, compared with less than 1 percent of all whites.

I can add more statistics, but I believe some generic points must be made.

Nothwithstanding the ethnic dimension with all its racist underpinnings, the American family is undergoing marked changes. For a variety of reasons, there are fewer adults in the home, and there is increased alienation and isolation, both of which are critical precursors to violence. It is almost a truism that families living under similar circumstances tend to be affected in similar ways. The pressure of poverty is perhaps the single most significant element in the growth of juvenile delinquency today.

The ecological disparity between white and Black families in America is a direct consequence of how our society functions. Altered policies, strategies, and practices can change how our society functions.

SYSTEMIC IMPACT ON FAMILY DETERIORATION

The background data just presented was selected in order to present a mosaic of what I consider to be critically interrelated themes that converge and impact on families living under certain stress conditions. While some may argue the validity of direct cause and effect, no one can dispute the high correlation between poverty level survival, and poverty area living, and the corrosion of family living. These conditions exacerbate the already documented changes in family life-style. At the least, they tend to fragment the family unit as we know it and increase the alienation and isolation of family members. Further legislative and bureaucratic fragmentation only serves to exacerbate and hasten family deterioration of the most vulnerable population.

A. Child Welfare and Juvenile Justice Systems

Now let me focus on how the child welfare and juvenile justice systems affect the consumer/family.

During the last eight years, in my role as executive director of the Wiltwyck School, I have been directly involved with the multi-faceted problems that impinge upon children and their families from the ghettos of New York City who have been caught up in the child welfare and juvenile justice systems.

Both systems, underwritten overwhelmingly by the federal, state, and local tax dollar, relate almost entirely to children and youth whose families live under poverty or near-poverty conditions. The documented New York City experience in serving this population varies from the cumulative experience of the various states and their localities only in the degree of its ineffectiveness. Federal, state, and privately sponsored studies of these systems, while in disagreement on various minor points, agree wholeheartedly on one issue--the bankruptcy and inhumanity of our current approach. Descriptive terms such as "dysfunctional," "non-system," "fragmented," "falling through the cracks," are legion.

The Congressional findings of the gross inadequacies in the various states' juvenile justice systems are directly articulated in the Juvenile Justice and Delinquency Prevention Act of 1974. Innumerable studies have pointed up the confluence of child and family profiles of those caught up in either the child welfare or juvenile justice system. Our experience clearly reveals the inhuman and problem-exacerbating effect of the absence of prompt and appropriate services to a child and his family at an early age.

Our current definition of problems relating to troubled children, youth, and their families makes federal, state, and local monies available only *after* the god-like decision to separate child from family. The allocation of tax levy monies mandated in federal and state statutes for the placement service systems completely overshadows the provision of basic in-own-home/neighborhood-based services. The tax dollar is made available for services only as a concommitant of the labeling process (neglect, abuse, PINS, delinquent, etc.). The youngster, by the very structure of the system, if not by intention, can receive services only when he is clearly on a labeled route. The services brought to bear upon him in the more costly "placement" system, only by chance, may have some relevance to the child's effective return to his family and neighborhood. By statute and service underwriting, this clear-cut division is maintained and sustained. Thus, when and if the "placement system" returns the youngster to family and neighborhood, it all but guarantees his return into placement and ensures continued family failure.

We must ask ourselves: Is the parent the abuser? Is the child the offender? Who abuses whom when the government-sanctioned system abets the destruction of families and the alienation among family members?

B. Child Abuse and Neglect

The Child Abuse Prevention and Treatment Act (Public Law 93-247) was signed into law on January 31, 1974. Under this Act, the secretary of HEW, through the National Center on Child Abuse and Neglect, is authorized to make grants to public agencies or non-profit private organizations to develop demonstration projects for the prevention, identification, and treatment of child abuse and neglect. This was a beginning.

While the Child Abuse Prevention and Treatment Act attempts to move in the direction of a meaningful programmatic response to the shortcomings and gaps in the existing service delivery systems, the avenues required to bring about meaningful change go far beyond the narrow impact of this legislation. To truly effect the necessary changes, we must not approach this drastic turnaround from the narrow vantage point of those youngsters and families who have already been failed by the present system. Rather, we must be concerned with the broad-based community services that involve all the critical delivery systems for youth and their families.

When we merely attempt to redefine the focus of rehabilitative preventive programs for the target population, we tacitly accept the inadequacies of all the other delivery systems (education, health, welfare, housing, employment, etc.)—in short, the current system.

Looking at the problem from a systems approach, therefore, we recognize that imbalances may be created. For example, while we consider the need to develop a new approach to the problem of neglected or abused youngsters, the courts and the child welfare systems face the reality that neighborhood services are not available in their communities to meet their needs. This situation, in practical terms, inevitably leads to a reinforcement of the present "placement" system. And it is the present "placement" system that must be reexamined and reassessed.

Clearly, when we address the issues at hand, we, in fact, respond from a specific ideological view to the basic fabric of our society. It is no accident that neglect, abuse, delinquency, and other definitions of social pathology are found in high proportions in neighborhoods where there is also an accompanying high level of infant mortality, poor educational achievement, low income, and inadequate health services. Also, there is the absence of viable social institutions that can provide the programs and resources that could help families cope with the day-to-day task of surviving in an urban environment.

Clearly, child abuse and neglect, like delinquency, are symptomatic of two closely interrelated problems--family breakdown and the failure of other systems that impinge upon family life. Further compounding the problem is the differential approach used in handling situations of suspected abuse or neglect in inner-city areas as opposed to middle-income areas. The residents of middle-income communities can develop and make use of resources to enhance their survival and consequently do not appear as significant statistics in identifying social pathological behavior. Rarely, if ever, are these families taken to court.

And yet, even when we speak of preventive community services, we face the situation that only protective services are mandated. The predetermined label of abuse is the overwhelming code word for services. The gatekeepers of the service flow, acting under their own administrative and fiscal constraints, continually opt for the need for the pathological designation as a precursor for services to the consumer/family.

Shouldn't we ask: who are the abusers? and, who are they neglecting?

C. Employment/Unemployment Policies

The national policy regarding employment (i.e., 7 percent unemployment to cool inflation) continues the concept of job rationing as a policy alternative to full employment. The unemployment data quoted earlier is a direct consequence of government policy. To be sure, other factors also influence unemployment rates.

We must recognize, however, that national policy defines the status of unemployment. "Discouraged" workers who have been out of work for years—who aren't "actively" returning to the local employment offices—are not included in the statistics. Yet the officially defined unemployed for the poverty areas of urban communities are higher than the rates of unemployment during the Great Depression. Adolescents and young adults who have never worked, who are out of school (or in school, for that matter), and for whom there are no jobs, are not included in the "defined" unemployed. Unskilled mothers, for whom no training programs exist, are not included in the "defined" unemployed category.

The work/welfare programs which favor working mothers help force fathers out of the family household. Job programs for youth, unrelated to jobs for parents, especially for fathers, alienate and demean the adult-parenting figure. Marginally employed fathers leave their families who exist on welfare. If they continue to reside with their families, the resultant welfare cuts would leave their families in worse straits. In a word, our current policies of circumscribed job rationing aid and abet family disintegration, isolation, and alienation.

D. Income Maintenance—Welfare System

Our current system provides incentives for husbands and wives to separate. Studies show it discourages single mothers from marrying. This is because most poor families are ineligible for federal aid as long as the father lives at home. The rules tend to discourage some people who could work from taking jobs, if they could find them. Some eligible families cannot purchase food stamps because they don't have enough ready cash, twice a month, to purchase them. Only 65 percent of the people eligible for food stamps participate in the program.

There are gross inequities between the marginally employed poor and those receiving public assistance. A difference of a few dollars for the marginally employed makes them ineligible for Medicaid, food stamps, or day care. Income maintenance programs, as they currently operate, abet family disorganization and poverty perpetuation.

Title XX funds don't give sufficient weight and sanction to provide the basic human services. Only 2 percent of the revenue-sharing funds have been used for social services.

COMPOSITE IMPACT ON THE CONSUMER/FAMILY IN A POVERTY AREA

The consumer/family requires employment, housing, education, hospitals, social services, day care, recreation, etc. If they need help with special problems that are beyond their human, emotional, physical or economic resources, they need this assistance made available to them where they live. They can depend on extended family, neighbors, and friends for help. In fact, they usually do, but when this is insufficient, they look to the private and public sector for assistance.

When the consumer/family is poor, and their neighbors are poor, and the neighborhoods in which they live are near-disaster areas, the problems multiply. When those requiring aid are already among the most vulnerable at-risk population, and the neighbors share these same vulnerabilities, the burdens on the consumer/family increase geometrically.

When the poverty neighborhoods have problems in receiving any of the basic human services, the problems shift to the other human service systems. When the poverty areas have major shortcomings in all of the human service systems, we openly invite and inflict horrendous man-influenced and inhuman predetermined chaos and suffering.

For example, when a local school deletes its after school recreation program, and there are no other recreation facilities in the neighborhood, we invite street crime and violence. We also can anticipate and ensure the enactment of punitive legislation to protect the elderly who are already isolated and alienated from their families.

When we have no programs that support, as their first purpose, the preservation of family living, we fill the mental, child placement, juvenile justice, and nursing home institutions with more people. When we attempt to deinstitutionalize these institutions whose residents' ties already have been effectively broken with family and neighborhood, we invite repeated failure and revolving reinstitutionalization.

When we close down day care centers by lowering eligibility requirements, we increase public assistance budgets and increase out-of-home placements.

When we decrease shelter allowances, we force families to move to other streets and buildings in urban areas where fear for life and limb of family members is even more increased—or the consumer/family buys even less for the table. The soup kitchens of the thirties are not an acceptable alternative.

CONSUMER/FAMILY AND FAMILY LIFE PRESERVATION SERVICE MODEL

There must be a mechanism (perhaps a single state public agency with local and regional counterparts) responsible for interfacing and integrating, on the neighborhood level, all human services for families. Such a service system, at its core, must be family-oriented. This public agency must be able to provide services, by contract with the public and/or voluntary sector, to all who need them.

This family life preservation-human service delivery model must be a national program. It should mirror the multiple options that organically grow out of the Black, Puerto Rican, Chicano or poor white family structure. All institutional systems must be programmed to build upon the continuity and integrity of service delivery that accentuates family and neighborhood strengths.

SPECIFIC RECOMMENDATIONS

In order to accomplish this--recognizing that to continue our current dysfunctional nonsystem is unacceptable--we must insist as the highest public policy and priority, that safeguarding and strengthening family life be a cornerstone of our present national commitment in order that this newly affirmed public policy create the building blocks for our future.

This new definition of the family itself must determine social policy and thus can influence the construction of service patterns:

(1) Data collection systems must be devised and designed to obtain integrated and interrelated service-need data that are relevant to the family unit. This data must then be assessed and analyzed within appropriate neighborhood areas;

(2) It follows that social policy must include "no fault" services. Eligibility requirements, labeling, and all impediments to the consumer/family's receiving the basic needed human services must be abolished. Services must be available as a right--just like the right to vote and the right to public education.

(3) Social policy must include "no fault" income. The hodgepodge of income support programs must be merged so that a family is guaranteed a liveable income. This is not beyond our technology or our resources.

(4) Human services must be clustered and made available at the neighborhood level so that the appropriate combination of services would be integrated in such a manner that it truly aids and encourages family life preservation.

(5) Employment policy must support all family members so that the results can truly help raise families out of poverty. Employment policy must be so defined that it can impact on poverty areas in a given neighborhood. Employment policy must be so articulated that it can respond to regional unemployment needs. Employment policy must be so defined that it preserves and strengthens families rather than artificially perpetuating the "welfare syndrome." Employment policy must not be rooted in any given "acceptable" rate of employment, when people are ready and able to work. Our goal must be full employment—a job for everyone able to work.

WHAT WE MUST DO NOW!

(1) President Carter must proclaim, as the highest federal priority, a full program that supports family life preservation. His clear articulation of high policy and need must help define our national purpose so that it addresses those most vulnerable in our society, while including the more fortunate among us.

(2) Congress must initiate legislation, with clearly defined intent, so that rules and regulations that support that intent can be carefully written. The conscious intent of this legislation must be the preservation of family life. States and cities will then follow suit.

MOBILIZATION OF EFFORT

We meet today, April 17, 1977. Soon the White House Conference on the Family will be held. There are literally hundreds upon hundreds of local, state, and national special interest advocacy groups. Most are highly circumscribed. They are "special problem" oriented. Some are more global--the ecologists, the futurists, Common Cause, the women's movement. Some special interest groups are concerned with poverty. Some are concerned with civil liberties, some with the retarded or the handicapped. Some special interest groups are professionally-oriented. Some are business-oriented, others union-oriented. Some are mostly concerned with agriculture, or banking. Throughout all these special interest groups there runs a single common denominator: either explicitly or implicitly, they are concerned with the welfare of their constituents. I suggest that the most basic denominator among them all is the preservation of family life. We must begin today to mobilize these diverse interest groups and enlist their support on the local, state, regional, and federal levels. We have little time to build momentum in order that the White House Conference on the Family become the moment when the humanist spirit of this country will assert its indelible imprint in supporting, nourishing, and nurturing family life preservation for all its residents.

When we leave here, we must develop coalitions of coalitions so that a groundswell of momentum will move this country to a new level of unity—a commitment to save our families for our children. Can it happen? That depends on you.

Child Protective Services: Where Have We Been? Where Are We Now? Where Are We Going?

C. Henry Kempe, MD, Director
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Denver, Colorado

My assigned task is to attempt to describe where I think we have been and where we might be going in the area of child abuse and neglect. To discuss the field of protective services without being a qualified social worker is a hazardous undertaking. Those who assigned the topic must have thought that someone slightly removed from the profession of social work would have some useful comments to make. I have worked very closely with social workers over the past 30 years; they have taught me a great deal and have profoundly influenced the practice of pediatrics in our department. I owe them a great debt. I would hope, therefore, that you would forget that I am a pediatrician, and think of me as another colleague working in the field of protective services.

In our child protection team, now 20 years old, I would challenge anyone who visits to determine who among us is a nurse, social worker, pediatrician, psychiatrist, or a psychologist. We all speak the same language and we each have one vote. Our affection for each other and our mutual support has, without robbing us of our individual discipline and our specific competence, brought us to the point where we truly speak the same language (So I hope that I will speak a common language in this keynote address).

The field of child protective services goes back over one hundred years, but little is gained by talking about the distant past. Rather, let me look at the child protective effort as it was 20 years ago when I first came to know it. When I identify a problem that seems important to me, I will try to do so in the context of what we all can do about it. Instead of a problem list, I hope that you will leave with a list of suggested solutions. I am mindful of the fact that solutions in one part of the country do not necessarily apply to another. Our areas of influence vary enormously from those responsible for small programs in sparsely populated parts of the country to those who are pushed against the wall with hundreds of cases each week in our large metropolitan centers. But basics apply to us all and distant experiences are often easily adapted to our local needs. There are exciting things happening in rural America, in our towns, and even in areas of desperate need in our largest urban centers. Do not fail to see these areas of progress in your dissatisfaction with our societal ills. Regretably, community arousal generally requires one dramatic and tragic death. Does each community need a martyred child to pay meaningful attention to comprehensive protective services?

To those who insist that we do not know enough to be effective in giving helpful services until more research is done, I say that it is easy for academicians or administrators with no direct patient responsibility to order their priorities. We are not so lucky; daily we face the present needs of abused children. While we bless all good research and believe that it must be encouraged and financially supported, we who do deal with child abuse each day must do the best we can, one family at a time. We must use our training, judgment and experience, and we must not think lightly of experience. Our group has, over the years, dealt with over three thousand abusive families from all walks of life, rich and poor, educated and uneducated, and they have been our teachers.

To those in administrative or academic jobs removed from patient responsibility who complain that we cannot define child abuse, I offer the opportunity to spend a day or two with us or in any other city emergency room. They would quickly get a working definition of child abuse, physical and emotional neglect, and the significant physical and sexual abuse that occurs in adolescents. In the last analysis, child abuse and neglect is not what we professionals think it is; child abuse is what the judge says it is. At best, the judge represents the conscience of our communities.

To those who insist that social ills of poverty, housing, and unemployment are the principal causes of child abuse rather than the significant contributing factors, I say that one might remember the abject poverty of the East Side of New York during the waves of immigration prior to World War I. Despite material deprivation, strong family ties led to the kind of family support to be envied. Further, if social ills were the only causal factors, then why is there such a significant amount of very serious child abuse in the military services? Military families have a father and a mother, there is employment, a low but regular income, housing, and sufficient food, and with all those social basic supports assured, we are devastated by the problems of child abuse we continue to see in that setting.

To those who regard protective services as "Band-Aids on the cancer of poverty," I say that refusal to help now the best we can, because prior social wrongs should first be righted, is like saying that because all children must know how to swim by the age of ten, we will not rescue drowning 12-year-olds.

To those who deride symptomatic improvement, lauding fundamental cures, I say there are indeed some cures and lots of improvements in the field of child abuse and neglect. And, I might add, when those same critics have a sore throat, I never hear them demand a scientific discourse on why we treat them the way we do; all want to feel better, which is symptomatic improvement.

In sum, research, improved practice, and the development of more services all go together. One need not wait for the other; each has a very important contribution to make.

WHERE HAVE WE BEEN?

If we look at the 1955 model of child protective services which had remained virtually unchanged for 30 years, we find the following: Protective service workers had been trained in the image of the kind of individual psychotherapy popular in American psychiatry in the first part of this century. There was emphasis on "professionalism," distance from clients who were not taken out for meals, who didn't have your bedside telephone number and to whom one listened so they could "clarify their situation." Case work was, at least in theory, much listening but little outreach, little advice, little concrete help and few loving gestures such as taking out to coffee or sending birthday cards. There were four requirements for optimal services: (1) that clients should come to our office; (2) on time; (3) motivated; and (4) with the problem clearly formulated. Next, there was the most incredible failure by senior social workers to treat their younger colleagues with the kind of respect of competence and trust that we see in other professional fields at the end of formal training. The social work profession its younger practitioners more than any profession I know by giving supervision or control instead of consultation, often keeping creativity to the minimum and compliance and the party line to the maximum. This lack of freedom exacts a terrible toll in initiative, enthusiasm, and often leads to changing jobs among our best young social workers. Consultation should be a two-way street and often the more experienced of us can greatly benefit from the less experienced.

The 1955 model insisted on a closed system. Professionals other than social workers, such as doctors, nurses, teachers and the police were told that these cases were highly confidential, would be handled only by the people who knew how, and that if their services were needed they would be called. "Don't call us, we will call you." The public was treated even worse, and all attempts by citizens at large to get involved were rebuffed. It would have been unprofessional in those days to look for the development of metropolitan child protection councils, which are organizations of professional and lay people who are brought together out of genuine interest to improve child protective services, or Parents Anonymous, fully supported by the mandated social work agencies.

If there is one overriding and fundamental problem facing all of us who care about young families involved in child abuse and neglect, it would be that protective services, and particularly social workers within those services, are incorrectly perceived by the public as being "against families." They are often called child snatchers because of the pervasive belief that all protective services workers do is take children away from their parents. If you add to this the horror story that often appears in the local press of a child being seriously abused or killed while under the care of the local authorities, perhaps never separated from the parents after an injury, perhaps never adjudicated in the courts, perhaps returned prematurely from foster care, very little is asked about the "whys" but rather there ensues an often hypocritical set of handwringings, accompanied by lots of letters to the editors, all condemning "the system."

Why is it that the work of our child protective services in our 3,300 counties is so poorly understood and so badly supported? In large measure we have ourselves to blame.

How shortsighted we were. We have only recently formed community councils involving enlightened citizens. Would it not have been far better to enlist the help of prominent citizens in defending our budgets with our county commissioners and city councils, in dealing with the press in a way that would enlist their help rather than their sensationalism, sharing in those failures which were preventable and those failures which were not preventable; in short, opting for an open system?

Finally, budgets were prepared each year on the basis of, "Let's have three more homemakers and three more social workers and two more secretaries," when instead we now know how to build a budget from the ground up and should, in fact, start such budget building at every level. Budgets, for example, should be presented in terms of three year plans in such a way that clearly lays out the current state of affairs and the projected needs of protective services in the state. This must be done in a language that paints a clear, easily understood picture to county commissioners, city councils and to legislators.

Having said how bad the 1955 model was, how isolated the social workers in child protection were from other professionals on the one hand and from the public on the other, and how they struggled with inadequate support, the unidisciplinary way of protective services could be very proud of its tradition. What was done was often very good and it was done out of devotion and idealism with little community or other professional support. Despite all these handicaps the social work pioneers made possible what I believe is a new era of child protective services which is now just beginning. I would therefore like on behalf of us all to pay tribute to pioneers such as Dr. Vincent DeFrancis who taught and encouraged and struggled to overcome many of the shortcomings I have just named. He often asked me, "We social workers have been in child protective services for a hundred years and where have you doctors been? And my reply has always been, "We have been nowhere; but now, at least some of some of us are here. And better late than never."

When Dr. Brandt Steele, a psychiatrist, and I started working in the field of child abuse in 1956, pediatricians and psychiatrists were in turn behind pediatric radiologists such as Caffey and Silverman who had described the x-ray findings of the syndrome well. Needless to say, we were dealing with the tip of the iceberg; that is, those children who had suffered multiple fractures, often of a specific and absolutely diagnostic type. We quickly learned that there was an enormous need to acquaint the medical and nursing professions with the facts of life when it came to child abuse and the "failure to thrive" syndrome, that is the failure to adequately gain weight, which is most marked in the first two years of life. There are over 300 causes of the "failure to thrive" syndrome, but the one that accounts for over 60 percent of them is nutritional deprivation, which is generally caused by parental rejection of the child. These are the children who thrive in hospitals, where no child should thrive, and in many hospitals this condition is as common as physical abuse of children. When Dr. Brandt Steele and Bess Davoren and the late Dr. Carl Pollock began their evaluation of our families, they did develop some approaches in treatment which have made it possible to bring about massive changes in approaching the problem on an interdisciplinary basis.

We learned that case work alone, directed to the mother and excluding the father, the abused child, and the siblings, was an inadequate remedy. We learned early that case aides or lay therapists could effectively help extend the work of social workers who would assign suitable families to them for an intensive relationship that might persist for years on end. We found that one social worker could supervise six lay therapists and that the lay therapists would, at the initial moment of crisis, be prepared to give up to 20 hours the first week, then 15, then 10 and then level off at three to five hours a week and be ready to take a second family sometime along the way. By then moving those families into self-help groups, which were then called Families Anonymous, intensive case work could be reserved for those families who were in need of such additional help. We also found that crisis nurseries were of enormous help to the lay therapist in dealing with families whose children had not gone to foster care.

For an attack to occur, four things have to be wrong at the same time: first, there is a family setup which has been well described; second, a child is seen as deserving abuse; third, a crisis, which can be internal or external or both; and finally, an absence of a lifeline or "rescue operation." We cannot do much about the first and the second, but we can do something at once about the third and fourth. The provision of crisis nursery care for children of families in crises made it possible for many lay therapists to see families through crises without resorting to foster care placement.

Another defect of the 1955 model was that case work by a professional, primarily female, often dealt with a mother, only because she was more available, while her husband was working. It rarely involved the case worker with the child in a role other than simply seeing the child, with no skills in evaluating the child's developmental, emotional and physical well-being. This approach of dealing with a mother and leaving out dad and the children came to haunt us in time.

I also knew that unless the father was actively involved, when there was a father in the picture, it was very difficult to make real headway. The old idea that if one could make the mother more competent and happier her marriage would improve, some of that improvement would rub off on dad, and then trickle down to the children was in retrospect a very naive thought. It was born of necessity because there was little access to the father if he was working and social workers had no training in assessing children. And even if they had the training, they did not have the time, and they still do not.

The traditional and authoritarian protective service departments were unidisciplinary and every employee either was a social worker or a secretary, with an occasional homemaker thrown in.

Professional lines were equally rigid, with a junior worker being supervised by a supervisor, who generally had not been responsible for a case in several years. She was, in turn, supervised by someone else up the line all the way to God, who, as you know, is a social worker not in need of supervision.

To my sorrow, many doctors and nurses to this day are slow to totally involve themselves. But we are proud that there are now many hundred multidisciplinary teams, some hospital based and some community based. They have for the first time brought together social workers, who previously had to work in isolation, with interested others from the fields of law, pediatrics, nursing, the police, and the lay public. This open system has not resulted in loss of confidentiality. Rather it has brought about the sharing of the decision-making process and provision of more comprehensive services to the family. This is one of the great changes since 1955, when traditional departments of social services felt that they could use all the help they could get, but that because they were mandated to decide a treatment plan, they could not share the decision-making process. Nonsense! We in medicine share the decision-making process all the time, and we find it ensures better health care.

WHERE ARE WE NOW?

The interdisciplinary child protection team, whether hospital or community based, is one way the social worker can be a member of a group with similar interests looking at a problem from several points of view and deciding a treatment plan that makes sense for that family in that community. Such a team does not come about overnight, but takes, like having a baby, about nine months, and probably two or three bad cases, in which dubious or wrong decisions are made. The absence of scapegoating, the mutual support, and the feeling that one does one's best since we cannot predict human behavior and all the things that can go wrong--all these have a good deal to do with raising morale of the primary worker.

Is it not frightful when you contemplate that primary workers' turnover in the child protection field in a given department stands at 50 to 100 percent each year? No business could survive with those statistics. We talk at length about training needs and training materials, but what good is it if you wash out all that training at that rate? The usual way that a new worker gets involved in cases, taking over from someone else, is to be handed a stack of files and told: "This is it, Betty Lou." There might then be between 30 and 80 or even more charts which are now hers. Most are not helpful, disorganized and not readable. Behind each file are living and troubled people who have gotten used to being deserted. It is common for some of our abusive parents to tell us the names of eight or ten or 20 social workers whom they have known in their time. There has to be something wrong with a system which on the one hand insists loudly on the sanctity of the case worker-client relationship, only to have it abrogated overnight when the client moves across the county line or the worker decides the job is too emotionally upsetting to stand. It is easier to say, "I've got to go and get a higher degree," than to say, "I'm really worn out dealing with these difficult and insoluble problems. I feel unsupported; I keep giving out and nobody gives to me; I keep worrying every night about what could go wrong with these children whom I have sent home." We all have experienced what might be called the Pontius Pilate maneuver, "Pray God, let me not be the last one holding the football when it drops!"

Clearly, one of our real crises in the child protective field is to keep the turnover down by making the job possible. What would be my suggestion here? First, I would do away with the word "supervisor" and replace it with "team leader." I would provide consultation for workers and also use consultants from within and without the agency: psychiatrists and psychologists and other social workers, to give the kind of mutual support which we have found the members of the child protection teams give so well to each other. The turnover of primary workers should be no more than 15 percent a year. Good primary workers should, within a period of one year, move from a position of requiring supervision to one of using and giving consultation.

Next, I would insist that all such team leaders actually have some families in treatment. I believe it is impossible to be a reasonable consultant to younger workers based on memories of families 20 years in the past. In our unit in Denver all of us are practitioners, every day, every week, all year long. Families come at us through the hospital and our clinics at a great rate. At Denver General Hospital we have had, since the first of the year, about one child a day and five on weekends, and at Colorado General Hospital, where I work, approximately one-half of that number. Between these hospitals we have lots of decisions to make every day. We make them in conjunction with the respective county welfare department, using a speaker telephone, which is one of the most practical and inexpensive ways to have conferences involving eight or nine different people without any of them having to go to any one place and still share in the decision-making process. It is essential that child protective workers who act as consultants be practitioners. Those who are clearly going to be in administration should be in administration, but unless they can take at least at half a day each week to be in the field, they are not competent to be consultants and there should be nothing wrong in saying so. It is not enough to say, "You are doing fine, Betty Lou," when Betty Lou knows she is not doing fine, either professionally or personally.

To those who teach about child abuse in the schools of social work around the nation, I would suggest that there must be time for some first hand current practice in order to teach competently anything other than someone else's theoretical material. We do not appoint professors of surgery who do not know how to operate. Alternately, close affiliations with local protective service departments, including faculty appointments for practitioners, would help social work students get some realistic view of the field which they so happily enter and so readily depart.

When I urged the Children's Bureau to hold its first conference on a model law for the reporting of child abuse in the early 60s, I did not expect that within three years all states would adopt such laws and that this would result in an enormous increase in the number of children and families brought to the attention of protective service departments. But reporting has never been an end unto itself. Reporting, per se, has done nothing but bring the child's plight to the attention of the helping society. But you must see that if a crisis is needed for abuse to occur initially, and that the injury to the child is a second very important crisis for most parents, then you must also see that the reporting of the inflicted injury is a third and frightening crisis to the parents. We have seen children killed simply because reporting led to investigation, but it did not lead to prompt family rescue.

Implementing a huge television campaign, as was done in Florida or as we are currently doing through private and public agencies, is a serious matter which requires giving careful thought to the provision of services. Service must be immediate and at the least must involve the use of emergency hotlines with a live voice on the other end instead of a tape recording. This can be lifesaving. There must then follow some meaningful and immediate helpful intervention using a variety of modalities that make sense for that particular family in that particular community.

Why is it that social workers in protective services are the only public servants expected to have a perfect batting record when such performance is not expected of other public servants such as those in the police or fire departments?

Public servants, such as policemen and firemen, have certain standards and will adjust the number of employees to the load fairly rapidly through direct confrontation with the city council or the county commissioner. Why is it that social workers on the other hand have been expected to adjust their services to their load without any regard to their professional standards, feeling that the only means of protest they have when stretched too thin is to leave the job? Perfectly wonderful, devoted, competent workers find themselves unable to do any of the things that they know how to do because they have only enough time to manage the most obvious crises in their case load and cannot do their professional job at all. They are spending all of their time investigating and evaluating and virtually none of their time treating clients. When we talk to them about treating children, they just laugh.

Clearly, it is not possible for a department to work alone doing all evaluation, all short-term and long-term treatment while dealing with prevention, child therapy, community support, and courts as well.

The needed public relations effort to involve private citizens' groups such as the Junior League, the service clubs, the League of Women Voters, and the various metropolitan and child protection councils takes time. It is important simply to decide that this activity will be done on behalf of the needy families by someone outside the department.

The same is true of the defense of the yearly budget. Social workers must become far more militant regarding the formulation of a realistic budget. A single protective service worker has approximately 1,310 hours in a year to devote to direct service delivery. Therefore, one worker cannot adequately handle any more than 22 family situations in protective services at any time. Any community or county approaching 100,000 population needs a full time attorney in the area of protective services who must be accessible to the staff and housed within the agency. That also is true for a part-time staff pediatrician and part-time psychologist or psychiatrist. For a population of 200,000 an average case load of child protective services is 600. Approximately 50 positions and a budget of not less than 1.2 million dollars are required.

DAY CARE

Day care is an under-utilized alternative to foster care in child protection. In many ways it is the least disruptive to the family, provided the family is simultaneously receiving direct help. Homemakers and visiting nurses can provide other alternatives in the treatment plan, and many good departments use some or all of these modalities.

The use of lay therapists for family aides, crisis nurseries, small family learning centers, group therapy, self-help groups such as Parents Anonymous, hotlines, and others all have worked well—often in combination. Assessment shows that, provided the family is treatable in the first place, all modalities of treatment work at least to prevent reabuse, but they do not ensure a loving home environment. We also know that abused children and their siblings need supplemental, empathic and loving parenting from other adults if they are to avoid the devastating emotional and intellectual effects of living in a hostile or unloving family. This normal emotional growth and development is our goal. Protective services must do more than prevent a child from being killed or reinjured.

FOSTER CARE

The foster care problem in the United States represents a national scandal, one which will have to be addressed by the Congress and by each of our state legislatures. There are over 370,000 children in foster care today, one-third because of child abuse and neglect. In one department which was pretty well staffed, foster care stay in that category averaged less than three months. Because of funding cutbacks, that same department three years later has had to extend the average time in foster care to 15 months. The cost is phenomenal. New York City spends $24 million a year on foster care alone. Those departments of social services which feel that children receive therapy in foster care because they are in foster care could not be more mistaken. There are, happily, some therapeutic foster homes, but each of you knows that while you are lucky to have a few of those, there are many others which are, by and large, simply a place to park a child. In fact I believe much of our foster care system is institutional abuse of a kind which, in time, will have to be challenged in the courts on a child-by-child basis.

Lest one think that Denver does well, within the last two years a juvenile court judge had to deputize several volunteers to review the status of all the children under his jurisdiction in foster care, many of whom were lost in the system. To his dismay, the judge found many of these children were in categories where parental rights could have been terminated and the children adopted. In fact, children's cases had not been reviewed by the court in several years. It is now widely accepted that in all foster home placements a careful review by the court should be initiated by the responsible department at least every three to six months, with the intent of providing either permanent placement or termination with a view to adoption or subsidized adoption or return to the home with special services.

Some foster homes are abusive and/or neglectful. One must realize that many foster parents do not ever want to see abusive parents. One then must picture a judge incorrectly expecting a short-term separation in foster care and parents who will have access to their child for one hour a week. The worker picks up the child at the foster home and picks up the mother for a one hour reunion in the welfare department, from which the father, if he works, is excluded. Watch this continue 15 months and try to understand if weakly bonded families are likely to be better bonded after such a period of time when the child has, of necessity, built new bonds to someone who to him is "mother." It is not surprising that we see so many failures in the eventual reuniting of such brutalized families who are victimized by our inhumane institutional system.

Foster care can be therapeutic, and it should be. If we made a national effort to discover therapeutic foster parents by giving that profession high societal status, perhaps through a presidential proclamation or by designating a Sunday in May for each church to devote its sermons to the ideals of foster care, we would influence more families to see abusive parents as needing parenting themselves. These families could then provide many of the same services that our lay therapists provide our families. Examples of this approach do exist, but they are all too few because they require care in the recruitment, selection, and supervision of foster parents which means money and someone's time. This effort will require social support from the population and particularly from our opinion makers, which is lacking because they have not been asked for their support. This new approach will also require early development of a treatment plan in which foster care is one of several short-term therapeutic modalities employed when the family cannot be together.

ADVANCES IN TREATMENT OF INCEST

Protective service departments are beginning to work in group sessions with preadolescent and adolescent girls involved in incestuous relationships with a father, stepfather, or brother. Not everybody can lead such a group or give individual care. It is impressive to see the lessening of guilt and rediscovery of a sense of personal worth in the child and family improvements when the cessation of incest is accompanied by outreach services to parents as well as to sexually exploited youngsters. This, too, must be a part of up-to-date protective services.

EDUCATIONAL NEEDS

One of the great unmet needs is the provision of educational background provided by schools of social work, medical schools, nursing schools, law schools, and police academies. None of these fields is adequately committed to the field of child abuse and neglect, with the further result that every practitioner seems to start from point zero.

DEVELOPMENT OF COMMUNITY-WIDE COMPREHENSIVE PROGRAMS

One of the first gambits of those not wanting to do anything is to delay development of a program by the "let's do a survey" routine. The temptation is to apply for federal funds and to await their arrival before developing a program. Money coming into an untrusting and unorganized community can be devastating. Too much money coming in at once can be detrimental, and no money is equally devastating. It has been our experience that communities who joined efforts in applying for federal funds and who failed to receive the money have done a better job in many instances. Having learned that the various components of a community-wide program are staffed by reasonable people, many of the initial fears have disappeared, and community-wide programs are moving forward.

The overall goal is to achieve community coordination, building of trust, and cooperation—the willingness to include just about everyone who is competent or who can be brought to the required level of competence. In recent years, many adoption agencies have willingly moved into the field of child abuse, but if you share, through contracts, any of the long-term treatment, then the receiving agency must not refuse cases they consider "too tough," leaving the constituted agencies with all the unsolvable problems. Once contracted, there should be no further "intake which doesn't take in." County department social workers are entitled to work with some "treatable" families as well.

The modern, comprehensive, community child protection system has the following components: (1) multidisciplinary review teams who provide a realistic treatment plan; (2) awareness and provision of treatment needs of children as well as parents, and resources for child therapy; (3) a strong emphasis on the value of the therapy program; (4) the availability of a crisis nursery; (5) the availability of a 24-hour a day, seven-day a week hotline referral system for the management of crisis situations; (6) the encouragement of active support for self-help groups such as Parents Anonymous; (7) strong working agreements in contractual form with both private and public agencies to provide a greater variety of service, and broaden the alternatives to families for treatment; (8) active involvement of community programs, and development of community support to broaden treatment modalities; and (9) a viable, mutually respectful relationship to the court system, and consultants and collaborators in the health care system, the schools, the police, and the law.

THE BURN-OUT PROBLEM

One of the problems in any child protection team is the tremendous physical and emotional fatigue that overcomes the worker after he spends one or two years in the front lines. This is most true of protective service social workers since other team members are either part-time, or can divert their emotional stress by performing other duties within their discipline. In that sense, physicians, nurses, and lawyers have it particularly easy. Protective service workers, however, eventually wash out unless very careful attention is paid to this problem.

One of the great advantages of a child-protection team approach is that decision-making in some life and death situations can be shared by the group, and emotional stress diminishes. When mistakes are made, there is increased mutual support rather than scapegoating, and the worker knows that whatever lack of foresight was evident, it was shared by all.

It is interesting to note that even though the armed forces offer rest and recreation programs for soldiers under fire, we provide no such service for our front-line workers.

We recommend all protective service workers have a block of time every four to six weeks in which no new cases are assigned to them. Lasting at least two to three weeks per quarter, possibly longer, this would allow workers to catch up on old cases, build community relations, speak at local schools, help train new workers, etc. Whatever the cost, this will decrease the enormous worker turnover which is the single most important drain on money and talent in our system. It is impossible to function well as an acute care worker in a child protection group without extended time regularly allotted for other activities.

NEGLECT

The addition of neglect to our reporting laws poses many problems. Unlike objective findings in physical abuse, with neglect we must assess so many subjective values of social setting, community customs, and individual variation of life-style that there is real danger that the efforts of social agencies will be diffused without having accomplished much.

In the past, we encountered no problem in including serious neglect, which was directly reflected in the child's physical, developmental, and emotional health, under abuse. I prefer returning to that definition.

We are concerned that in study after study, middle-class and upper-class families are excluded simply because they do not currently enter the system in large numbers. This leads to the widespread belief, even among professionals, that abusers are poor people mostly from minority groups. In fact, two careful studies in this area show that whites are overrepresented in child abuse. Furthermore, in Denver we have had opportunity over the last 20 years and over 3,000 cases to see our share of rich and middle-class families, and although middle-class and rich families can cope with external crises because they have money, internal crises do not differ much between rich and poor. Remember, millions of very poor people are perfectly marvelous parents and in our own experience with one of these groups, seasonal migrant workers in Colorado, we have been impressed again and again by the relative absence of child abuse, although there exists what in a middle-class community might be considered neglect born of circumstances.

EMOTIONAL ABUSE

The problems of serious emotional abuse are gaining increased attention. Many courts now view emotional abuse from a somewhat different point of view than in the past. Having learned that growth failure due to malnutrition (which is easily corrected by rapid weight gain in a hospital setting) proves the human environment dangerous to a child's health, courts increasingly look for evidence that an emotionally deprived child can make enormous, documented, emotional and developmental change in reasonably short time in a supportive setting. Emphasis lies on two words, "documented change." It is absolutely essential a pediatrician and/or child psychologist or psychiatrist conduct a careful initial evaluation of the child's developmental and emotional status, and a reevaluation after the child has lived in a changed environment that provides warm parenting, to determine if any dramatic gains have been made. This will distinguish children who clearly need help from those who are either beyond help or who have an underlying neurological or psychiatric disease not amenable to environmental change. In a recent Wisconsin case, a judge removed two children from the care of their parents. The children, who were preparing to enter school, could speak only swear words and were therefore judged incapable of succeeding in any social setting. In this case, which was upheld by the state supreme court, the judge held that the children were as endangered by their hostile environment as if they had been physically abused.

THE COURT

For a community to have an effective protective service system, it is essential there be a good working relationship between local agencies and the juvenile court. One cannot operate well without the other. Developing a relationship with the court may take years, and it can begin by having regular meetings with court personnel including judges and referees. These meetings between the two agencies (i.e., the department of social services or the local multidisciplinary team and the court) can serve as a means to identify problems and approaches to problems, and to better communication and trust. The court and other agencies may never agree on all matters, nor should they. However, what is important is that there is ongoing dialogue, respect, and a means by which to solve problems.

A competent and concerned county attorney can also build effective relations with the juvenile court. In order for cases to be properly prepared, protective service workers must have access to their attorney prior to a hearing. The county attorney, in many respects, becomes a liaison with the court. He must, therefore, be respected by the court and the social workers for his competence and vigor.

Agencies need protocols and guidelines concerning all aspects of a court (i.e., the filing of petitions, court reports, testifying, etc.). We cannot expect the court to make good decisions without adequate data. In order to understand the problems, consider options, and make decisions a judge needs information which is nontechnical and concisely written.

A guardian ad litem can often help in acquiring court-sanctioned family evaluation not previously volunteered to the social worker but essential for developing a treatment plan or the recommendation for termination of parental rights.

PREVENTION

Last year we presented the results of a prospective predictive study which showed it was possible to prevent all injuries requiring hospitalization in the first two years of life by outreach service using lay health visitors. In terms of money saved, we showed that the $12,000 outlay in health visitors' time prevented $1 million of serious injury costs, an amount Colorado is now paying for the health care of those injured children whom early intervention would have saved, since no serious injuries occurred in our outreach group. The University of North Carolina conducted another predictive study involving high risk and premature infants. It clearly is possible to identify during and shortly after delivery families who need extra services. We are now prepared to consider ways to intervene before serious injury or malnutrition occurs. Parents, by the way, have not resented this early intervention and, as it turns out, it is unnecessary to use invasive techniques or questionnaires. Rather, we incorporate into routine nursing and medical care during labor, delivery, and nursery stay those parts of nursing and medicine which are becoming standard observations, not dissimilar to the standards of a physical examination and the taking of blood pressure.

All communities should develop grass roots programs from neighborhood to neighborhood, reaching out to all young families and babies and then gauging the need of frequency of outreach to the needs of the family. This would eliminate the current paradox of providing excellent obstetric and neonatal care and then upon discharge of the mother and child from the hospital, having the baby disappear from society's view until he enters school six years later. All of us would much rather prevent child abuse than treat it.

Furthermore, we now know that young parents, as a cry for help, often appear with nonexistent complaints about their own physical or emotional health and that of the child they are about to abuse. We must anticipate this need.

CONCLUSIONS

Finally, we should consider some recommendations.

Office of Child Development, Department of Health, Education, and Welfare

National guidelines should be flexible enough to allow local county departments to develop diverse and responsive treatment programs relevant to local needs. This requires commitment and emphasis from the Office of Child Development for preventive aspects and the diverse modes of treatment of child abuse and neglect.

State Departments of Welfare

1. In support of budget requests, each state should provide leadership to develop a sound data base system to present to local legislators. Budget requests should be made based on a state-supported work load standard for social workers and on cost effectiveness data.
2. Protective services should be a priority in each state.
3. State departments should assume the responsibility of providing the media and public with information that would educate the community on programs, services, and problems, and thus improve the image of county departments.

County Departments of Protective Services

1. Have a commitment to the concept of an "open system," (i.e., the use of multidisciplinary teams);
2. Develop written contracts with local public and private agencies;
3. Develop internal review committees of children in foster care;
4. Place greater emphasis on recruiting, training, and supporting foster parents. Licensing should be contingent on training and experience with different levels of licensing (e.g., License 1, 2, 3, with a more disturbed child going into a level 3 home).
5. Review the "rules" by which they operate. The criteria to review these rules should be based on what is best for the child and his family. We suggest flexible guidelines rather than rigid rules be used in county departments. For example, it is not uncommon for a child not to see his parents for two weeks following placement in a foster home. Who is this rule for? It certainly is not for the child or his parents; and
6. Recognize that some families cannot be reunited or that improvement in parental functioning is just not possible in the foreseeable future. For too long, county departments have carried too silently the responsibility of trying to improve such hopeless situations. County departments must feel free to speak out loudly and clearly on this issue and seek termination of parental rights to free the child for early adoption.

It is precisely because society mandates all protective services to keep families united whenever possible that social workers are so beset by serious conflicts. On the one hand workers are under pressure to reunite the family as soon as possible. Likewise, workers feel pressured not to allow a child under their care to be reinjured through premature return from foster care. Most states must do more work, and good legislation should better define the criteria of termination of the parent-child relationship.

RECOMMENDATIONS FOR OTHER AGENCIES

One of the themes of this talk has been to recommend that all mental health centers, hospitals, law enforcement agencies, schools, private agencies, etc., recognize they play a part in concert with the department of social services in combating child abuse and neglect. Child abuse and neglect is clearly a community problem and must be recognized as such.

Finally, we now know the great length of time treatment must be offered to many of our families. We recognize that changes often cannot be accomplished even in one year of intensive treatment. Child abuse cases are really never closed. This fact, more than ever, emphasizes the need for community agencies to work together in sharing responsibility for treating the abused child and his family.

I am very optimistic about continued rapid progress in the understanding and treatment of child abuse and neglect, but I am particularly optimistic in the area of prediction and prevention on the one hand and the effective treatment of the emotional needs of the abused child and his siblings on the other. Prevention of child abuse and treatment of the child are the cutting edges of progress in this field in the future. Together with all the other knowledge that has been accumulated from so many professions, it should be possible to engage the best minds and hearts of our young people in the great endeavor to strengthen and make happier the lives of many families. All of us are dedicated to this goal.

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Child Abuse: The Role of Community

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This is a critical time to consider the role of the community in preventing or ameliorating the abuse or neglect of children. Conflicting concepts and resulting forces join as they seek to extend or narrow when or how communities should intervene on behalf of children in any collective fashion.

Statutes are criticized as too vague and unfair because they fail to specify the limits of acceptable parental conduct or what resulting harms warrant court intervention.[1] There is equal confusion, and even more uncertainty, as to the limits of acceptable conduct on the part of agencies, institutions, or governmental bodies exercising power over the lives of children. Finally, there is greatest uncertainty and hesitancy in fixing responsibility for correcting social conditions which produce or contribute to the neglect or abuse of children by either individuals or social institutions, which together make up the community.

Originally, social or communal intervention on behalf of a child, except in crisis situations, was regarded as conflicting with two basic American traditions: the ideal of rugged individualism and the idea that a man's home is his castle. Bolstered by the ancient tradition that a child is the property of parents, the doctrine of the natural rights of biological parents supported a hands-off policy, even in cases of harsh physical abuse. In my own state, New York, legislative action to create a Society for the Prevention of Cruelty to Children in 1874 followed by ten years the establishment of the Society to Prevent Cruelty to Animals.

Since Kempe and his colleagues first presented the picture of the battered child syndrome, concepts about and responses to child abuse and neglect have suffered sea changes. At first, there was disbelief. I shall never forget the judge who told me he could not believe that any woman who had carried a child for nine months of pregnancy could abuse her child. Unhappily, his dismissal of the case preceded the death of that child, and the judge, a decent man, became a saddened and wiser one. With a 180 degree swing, abusing parents were pictured next as individual monsters from whom children must be snatched for salvation. During both periods, clinical services that could help parents, protect children, and prevent separation were slow to be considered, and were implemented at only a snail's pace.

Today, there is wider consensus that children are persons and must not be regarded or treated as the property of their parents. Legislation and court decisions are seeking increasingly to define the rights of children as persons. Laws providing for the termination of parental rights, subsidizing adoptive placements, as well as assuring constitutional requirements for due process, reflect this change in attitudes. Yet the traditional adherence to the rights of biological parents continues, and is reflected in laws and court decisions that give priority to the rights of parents even where they are clearly in conflict with their children's.

Apart from theoretical or legal differences, a vast discrepancy also exists between the stages at which communities actually function in regard to child abuse and neglect. Like the content given to the Eighth Amendment of the Bill of Rights, prohibiting cruel and unusual punishment, the content given to laws against the abuse or neglect of children is determined, to a large extent, by what is regarded at a particular time and place as "abhorrent to the sensitivities of the general public."[2]

For reasons articulated as far different from the traditional adherence to the natural rights theory, some knowledgeable and concerned child advocates now seek to avoid judicial intervention or coercive community action wherever possible. They are disillusioned about the quality of judicial action, the consequences of decisions, and the lack of appropriate community resources. They urge that continuity in the life of a child is of such importance that inadequate and neglectful biological parents present less risk to healthy development than removal of a child to the limbo of endless and changing foster care with its consequent denial of identity and the sense of belonging needed for healthy child development.

Such advocates also urge that the community shall not use coercion to intervene or remove a child unless the child has suffered, or is in imminent danger of suffering, serious physical harm at the hands of the biological parents. Emotional neglect is held to be beyond the competence of courts to evaluate, except in extreme cases where resulting harm is evident. Distrust or loss of faith that court intervention can be more helpful than harmful to children has led to overlooking the consequences for children of emotional neglect except in extreme cases. The steady erosion of a child's spirit from lack of emotional nurturing, which can be more deadening than physical hurt, is not weighed sufficiently in the attack on harmful state coercion in family life or in the opposition to mental health services as part of the current denigration of the so-called "medical model."

Unhappily, in the absence of a vital community role or alternative community resources, the proposed reform of reducing the role of courts in neglect and abuse cases has largely led to transferring decision making powers from the malnourished courts to even more starved child welfare departments.

Trained and untrained workers in protective service divisions are given awesome responsibilities in cases where suspicion of abuse is reported. With heavy caseloads and without benefit of adequate diagnostic help or clinical services, they decide whether or not to leave children with parents charged with abuse or neglect. Later, they must also decide whether or not to accept plea bargains from parents who agree to "voluntary" placement of their children in exchange for not being charged with abuse or neglect. While the latter seems a kindly and time-saving procedure, it means that parents can demand their children returned at any time, and that there has been no judicial determination of what happened in the past to guide either welfare departments or courts as to whether or not children can be safely returned to the biological parents. Such decisions and procedures reflect both the failure of communities to provide adequate protective services for abused children and the current widespread support for diversion of children and families from the courts without requirements for adequate protective services.

In sharpest contrast to efforts to narrow the grounds for court intervention, the joining in statutes or programs of child abuse and neglect without adequate definition or differentiation has all but simultaneously enlarged the area for various kinds of community concern and state intervention. Those working with children are aware of the vast difference between pathological parents who strike out against their children, and those whose ability to function as parents is worn thin by unremitting economic, social, and emotional burdens. There is danger that statutes and procedures which obscure the differences between abusive actions and neglect will too likely lead to a failure to distinguish the problems of parents and the risks to children.

What communities see as their role in meeting or preventing child abuse and neglect varies not only in law and in practice, but from community to community. Confusion and conflict abound. In discussing the community role in child abuse and neglect, I believe it is necessary for communities to consider where they are and where they should move to counter such harms, and whether these problems result from parental conduct, the administration of agencies or institutions, or from basic conditions for which the whole community must accept responsibility.[3]

INDIVIDUAL ABUSE BY A PARENT OR CUSTODIAN--THE COMMUNITY ROLE

After the initial period when willful abuse by a parent was regarded as inconceivable, legislators and even judges, spurred by horror stories, finally responded to some of the harsh realities of child abuse. But their methods of response present another question. While legislators established central registries and hotlines to aid in the detection of abuse, communities failed to secure adequate manning of the hotlines, careful screening of reports of suspicion, or protection of the confidentiality of those whose names were entered in swiftly growing computerized registers. Communities also failed to require that the scientific light or clinical enlightenment available be used to protect children, help parents, or prevent unecessary separations of children from parents.

In the area of individual child abuse cases, the role of the community seesaws. It accepts the traditional American child rearing philosophy based on the right of parents (more recently renamed "family autonomy") to do as they see fit, including approval of the use of force. At the same time, communities are ready to punish parents whose actions are so extreme as to be repugnant. I am reminded of the wisdom of Jeremy Bentham who challenged the principles that guided the fixing of penalities on the basis of emotional response to offenses. He wrote:

> In looking over the catalogue of human actions in order to determine which of them are to be marked with the seal of disapprobation you need but to take counsel of your feelings: whatever you find in yourself a propensity to condemn, is wrong for that very reason. For the same reason it is also meet for punishment...If you hate much, punish much; if you hate little, punish little; punish as you hate...[4]

No more accurate description could be drawn of community responses to child abuse by individual parents. Communities, repelled by abusing parents, have failed to recognize the extent to which the actions of such parents reflect harms resulting from past personal and community antipathy and alienation. Communities thus avoid seeing abusive parents as part of the larger community family.

Community hostility and avoidance of responsibility have not been confronted by what seem to be the cheap short cuts of punishment through removal of a child. Antipathy too often dominates, while sympathy remains quite minimal, except where a few clinicians like Kempe, Helfer, and Steele have won understanding for the needs and potential of individual abusers and of their children. They have challenged concern for parents, who are themselves strangers within the community. Here, the role of the community is determined by its readiness to respond to such teachings: to embrace rather than ostracize, to help rather than cast off, and to provide direct services to offending parents.

INSTITUTIONAL ABUSE--THE COMMUNITY ROLE

When persons or institutions have authority to care for children outside their homes, the community role has thus far been minimal, except as it has responded to specific cases of serious institutional abuse presented by child advocates. Two factors seem to play a significant part in the unwillingness of the community to challenge child abuse when schools, foster care agencies, hospitals, mental institutions, or correctional institutions have authority over the lives of children.

As in the reluctance to interfere with parental control, there is widespread community approval at all levels of the use of physical force in American society. Only a few states (including Massachusetts and New Jersey) have recently prohibited corporal punishment by institutions. How much physical or corporal punishment may be applied to children in schools remains a subject of controversy among educators as well as in the courts. When I chaired a committee two years ago to investigate charges of harsh physical punishment of school children by the use of a three-foot wooden paddle, the community was divided on the issue. Even parents were divided between criticism and approval of the administrator who introduced and used the paddle. The school was located in a poor and largely minority group area. Some parents became outraged by the corporal punishment of their children. Often, parental objections were directed more to the absence of their consent than to the use of corporal punishment. Some parents who supported the use of school paddling expressed fear that without such discipline their children would not study, be truant, engage in delinquent conduct, and therefore not get ahead in life. To them, and to some teachers, maintaining order in the schools was of primary importance. Underneath the acceptance of corporal punishment in the school was the parents' assumption of their right to administer corporal punishment at home.

The second factor in allowing abuse of children outside their homes has different roots. It stems from unreadiness by communities to question existing institutions, especially when these institutions are under the auspices of powerful establishments. This is true especially when establishments are administered by religious or charitable agencies, long regarded as above reproach. It is also true when establishments are administered by government. Although the community pays for the care of children in these agencies in various ways (from tax exemptions to 100 percent purchase of care), the community role in their operation has been practically nonexistent. Communities act as if they are outsiders, unaware and not responsible for the quality of care or service rendered by those they regard as untouchable experts. The old attitude that the recipients of charity should be grateful for whatever they receive, and ask no questions, is not unrelated to the attitude that the community should not question established institutions charged with rendering services to children.

The alienation of communities from a role in child caring institutions is compounded by the limitations of the state agencies charged with supervision. State bureaucracies charged with setting standards in public and private institutions are rarely given enough staff to adequately monitor how children actually fare. Licensing is largely a ceremonial act. Even when abuse or neglect is found by a supervisory agency, "gentlemen's agreements" provide cover-ups that prevent the communities from knowing or acting, even if they might have the will to do so. When information services are set up, anonymity, in regard to what the computer finds, is promised to individual agencies although no such anonymity is assured to individual families who are tracked.

The non-role of communities has necessitated class actions to challenge institutional abuse of children. In addition to benefiting some children directly, such actions have stirred

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communities to learn more about what is happening to children and to reexamine what their role should be. Unfortunately, the present Supreme Court, known as the Burger Court, has moved recently to make federal courts increasingly less accessible and responsive when misconduct or mistreatment is charged against governmental or private agencies. Only time and a change of judges on the Court can restore the promise of securing constitutional rights for children against institutional abuses advanced by the Warren court.[5]

Despite all obstructive factors, the basic responsibility rests with the community for acting against abuse of children placed away from home. Community concern, expressed through fact finding and action, will ultimately determine the rate at which such abuses and neglect of children will be challenged and ended.

COMMUNITY ABUSE AND NEGLECT—THE COMMUNITY ROLE

As Gil found in his national study of child abuse, the widespread neglect affecting millions of children living in poverty imposes "severe deprivations (and) much more serious problems than abusive acts toward children committed by individual caretakers."[6] Both societal acts and the failure of communities to correct conditions in which healthy child development is at greatest risk are responsible. Without burdening you with statistics, a simple illustration can be found in the report that "there are more than seven million needy children in family day care homes who could be receiving through federally supported institutions three meals a day, and yet only some 15,000 do so... The children of the working poor are almost entirely ignored."[7] In a recent study of children referred for preventive services in the hope of avoiding placement, it was found that 75 percent came from single-parent families, 80 percent depended on public assistance, and 35 percent lived in areas regarded as too dangerous to allow social workers to visit the homes.[8]

In addition to the amoral absence of a positive community role to protect those children most burdened by multiple deprivations, communities assume moralistic attitudes toward the poor based on a double standard. They tolerate, if not impose, violations of privacy and confidentiality on recipients of welfare or Medicaid. They allow and approve spying on the indigent. They demand information on the personal and sexual lives of recipients that would never be tolerated by middle-class families. Such "big brotherism" has been accompanied all too often by ignoring neglect and abuse of children on welfare caseloads. In the case of one battered child, the casework record showed a long history of neglect. When I asked the worker why she had not intervened sooner, she shrugged her shoulders and replied, "This is the culture of poverty."

The community role should include a determination to end practices involving unjustified snooping or the imposition of moral standards not applied to all citizens. At the same time, it must bend its efforts to overcome calloused, prejudiced, or indifferent attitudes that deny adequate services to children and families because they are poor.

No single prescription for the community role is possible. But, to be significant, it must embrace preventive services that strengthen families through economic and clinical supports. It must oppose the use of force or violence against children, whether practiced within or outside their own homes. It must challenge societal neglect wherever found. And, it must assume the difficult and unpopular role of insisting that communities provide needed resources essential to providing the foundation on which decent family life can be built, even though this means higher taxation.

In abuse and neglect there is more sympathy for the individual infant whose failure to thrive can be attributed to a parent than for the many children whose failure to thrive is neither identified nor recognized as attributable to society's negligence or indifference. The community role has focused therefore on the individual parent and on reducing intervention by the state, except where the injury is actually or potentially dangerous to life or limb. New forms of benign neglect of children in their own homes have been invoked in the name of parental rights and distrust of state intervention. Once more the underlying causes of parental limitations and childhood deprivations have been avoided. The higher incidence of abuse among deprived families is presented but not confronted.

Some years ago the English historian, Arnold Toynbee, defined a monstrosity as an institution that dabbles in symptoms but fails to deal with underlying problems. To avoid becoming one more monstrosity, the community role in child abuse and neglect therefore requires it do more than dabble with symptoms. It must go beyond individual and even institutional abuse, neglect, or deviant behavior, and seek out the underlying problems that threaten the lives, the full development, and the well-being of children wherever they live.

FOOTNOTES

[1] For discussion of unfairness to parents when too much discretion is allowed to judges see, "In the Child's Best Interests: Rights of the Natural Parents in Child Placement Proceedings." Comment, *New York University Law Review*, Vol. 51, Jan. 1976, pp. 446-464.

[2] State v. Killory, 243 N.W., 2d 475 (Wis. 1970).

[3] Gil, David. *Violence Against Children*. Cambridge, Mass.: Harvard University Press, 1973.

[4] Bentham, Jeremy. *The Principles of Morals and Legislation*. Hafner Press, 1948, Principles XIII, XIV, 16-17.

[5] Statement of the Board of Governors, Society of American Law Teachers, *The Burger Court's Efforts to Close the Federal Courthouse to Public Interest Litigation*, Oct. 10, 1976.

[6] Supra, fn. 3, Preface, p. vii.

[7] Bode, Barbara. Director of Children's Foundation, in a report to the Field Foundation, Jan. 14, 1977.

[8] Report by Hannah Nakhshab, Supervisor, Preventive Services, Louise Wise Services, March 2, 1977.

Child Abuse Prevention: The Role of the Political Process

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It is difficult to make a more precise statement about the role of politics in preventing child abuse than is stated in the preface of the program of this conference. It says, "We must recognize that child abuse and neglect is by itself not a preeminent concern at the highest levels of government."

That is sad but true. There is no compelling concern about child abuse and neglect among those occupying the hallowed halls of government. We have watched men walk on the moon, but we have not seen our children walk with equal pride upon our land. We are rich, yet millions of children are deprived of adequate nutrition, physical care, and wholesome homes and environment.

Nearly 50 years ago at the opening of the 1930 White House Conference on Children's Health and Protection, President Hoover said, "If we could have but one generation of properly born, trained, educated and healthy children, a thousand other problems of government would vanish." We still wait for that proper generation.

In June, 1934, President Franklin D. Roosevelt sent a message to Congress concerning the Depression. It announced the creation of a Committee of Economic Security. He spoke for "men, women, and children against several of the great disturbing factors of life—especially those relating to unemployment and old age." Not a word was mentioned about child health. Many of you remember well the tragedies of World War II. From Pearl Harbor to VJ Day, 281,000 Americans died in action. During that same period, 430,000 babies in the United States died before the age of one—that is, three babies for every two soldiers killed in the War.

America remains a long way from fulfilling the hope embodied in our children. The Preamble to our Constitution begins, "We the people." We assume that includes children. We proclaim ourselves a nation devoted to its young. Yet America, the richest of all world powers, has no united national commitment to its children and youth. It is a fantasy to claim we are a child-centered society, and that we look to the young for tomorrow's leaders. In replying to a question asked by Ann Landers, 70 percent of her readers responding said that if they had it to do over again, they would not have children.

Our words are made meaningless by a lack of national, community, and personal investment in maintaining the health and development of our young. The Texas Constitution says all free men have equal rights that shall not be denied or abridged because of sex, color, creed, or national origin. Nothing is said about age. Our children today, therefore, essentially are minus a bill of rights. We believe in family structure. We look to families to nurture their young, yet fail to assist them in child care until a child is badly disturbed or disruptive to the community.

The discontent, apathy, and violence of today are warnings that society has not assumed its responsibility to create an environment providing the best care for its children. We must stop believing that parenting is a natural phenomenon. It is not; it has to be taught. Usually, child abuse results from the parent's inability to "mother" or "father." Good parenting is learned from good parents. Therefore, the family can't be allowed to withstand alone the enormous social and educational pressures we impose on it. Beginning drivers today receive more education than beginning parents. Within the community some mechanism must be created to assume responsibility for providing the supports children and families need. This is vital. A child's greatest need is a loving and caring family. This is the greatest single influence on a child.

I believe permissiveness has damaged an entire generation of young people. If the good Lord had favored permissiveness, He would have handed Moses "10 Suggestions."

Family life today suffers many problems. Ten million children are reared in one-parent families. Many are raised in families where step parents are present, largely because of earlier divorces and remarriages. One-fourth of our young people marry before 20, thereby greatly increasing the risk of later breakdown. All family members face the stresses of our modern, automated, and depersonalized society. One-fourth of all families live near poverty, with an income of about $5,000 per year. About one-fifth of the nation's families move each year. Mobility is high, particularly among young, nonwhite, and low income families. In times of crisis, there are few services that aid our highly mobile, isolated, and fragmented families.

What about education? Have we hit the mark of that "proper generation" sought by the 1930 White House conference? Education has inflicted the "sputnik syndrome." After the awesome experience of man in space, society decreed everyone needed a college education. This is absurd! Only one in five jobs open in the next five years will require a college degree. Yet four of five high school students are studying a precollege curriculum. One obvious result is the high dropout rate: seven percent in Texas, or 59,000 high school students per year.

Another statistic shows the annual cost of vandalism to schools totals almost $600 million, an amount equal to the cost of textbooks in recent years. The hickory stick is gone, but the use of suspension in public schools has reached mammoth proportions. Figures also show that in a recent school year, school districts with a little over one-half of the student population in this country suspended more than one million children. These suspensions represented a loss of more than four million school days and 22,000 school years.

We also see an unprecedented number of teachers showing signs of battle fatigue, the same stress soldiers suffer in war. Only two out of five persons continue teaching after five years. There also were 75,000 assaults on teachers by students in 1975. These assaults range from a slap on the face, being stabbed with ice picks, or being shot in the classroom with a Saturday night special. This semester, a college coed completing her student teaching in a public school in East Texas was asked for sexual favors by a fifth grader. Dreadful commentary, isn't it?

Yet suspension of students is self-defeating. Instead of improving the situation, it removes students from facilities where they should be learning. This usually destines them to slums, poverty, possible early parenthood, and, in Texas, an almost assured acquaintance with the Department of Corrections. Ninety percent of this state's prison population is comprised of school dropouts. Seventy-five percent come from broken homes, and most have been in juvenile trouble or county jails. Many fail while assigned to probation, and all this occurs before the person is sentenced finally to prison.

Having recited the book of lamentations on child concerns, I must draw some conclusions: (1) the home failed; (2) church, community, and civil groups failed; and, (3) public education failed. Therefore, federal and state governments find themselves assuming responsibility for child care. Faced with this responsibility, government needs more research into the causes and effects of child abuse, and information on how to provide care for those requiring it. The needs of our children must be determined, and commitments made to meet those needs. Unfortunately, this is not happening. The public simply fails to show a concern about child abuse and neglect even though it nears epidemic proportions.

I again return to our program statement which claims child abuse and neglect is not a preeminent concern at the highest levels of government. If we are to effectively cope with child maltreatment, we must change people's attitudes. There must be more than healing and mending—there must be prevention.

Most of all, however, there must be grass roots support for ending mistreatment of children. Only this kind of leverage will change the mind of one Texas legislator who believes children are the property of their parents who can do to them whatever they want. Something must bring realism to other Texas legislators who deny child abuse and neglect exists in their districts. While in Austin, perhaps they should visit the city hospital and see an abused child. The Legislature also must create laws that penalize abusing parents more than abusers of pets, or smokers of pot.

Something must change public attitudes that resist even minimum standards of care offered by child care facilities. Somebody should explain why the Department of Public Welfare is authorized state funds by the Legislature to support an annual $234 million nursing home program for 56,000 people whose lives are largely behind them, while granting only $30 million a year for child abuse protection. Or, why does the department pay as little as $4 a day to protect a child in a foster home, but grants as much as $38 a day for a mentally retarded person in an institution? It costs about as much to board a dog in a kennel as is paid foster parents to care for children.

The public needs to know that malnutrition and illiteracy are widespread in Texas, the state containing more poor people than any other. Not much is done about it. Somebody should ask why medical residents in teaching hospitals see so much child abuse, yet receive no training in prevention or education.

Why does no one complain about the failure of our juvenile criminal justice system, a system that affects children too late? By age 15, behavior patterns are often difficult or impossible to change, and many of these patterns result from early parental abuse or neglect.

Juvenile judges should involve themselves in all matters concerning children, especially those involving parental abuse. The abused and neglected child, we must remember, becomes the juvenile delinquent, the prostitute, the alcoholic, the drug abuser, and, most ironically, the child abuser of the future.

We should ask the broadcast industry why it endures continuing criticism about program violence, yet refuses to use public service slides that increase awareness of the extent of sexual abuse of children.

In short, public and government leaders see the potholes in the road caused by winter ice, but not the potholes of indifference that deprive children of education and parental care. We have let our children down. We have not done enough to prevent child abuse, and it is doubtful if even a fraction of the excesses that occur are reported. Some officials estimate we find as few as six percent of all child abuse cases.

I am convinced every parent is capable of violence. I am also convinced society causes us to treat children as less than human. If a man hits his wife, he is a wife beater. If he spanks his kid, he is a good disciplinarian. The trouble is that some people cannot stop with a couple of swats on the fanny.

For more than five million American children, parental punishment at home has meant being shot, stabbed, kicked, beaten, burned, and bitten. While often parents express concern about violence on television, many of them should worry, instead, about how violence in the home affects their children.

We do not concern ourselves with child abuse until a child dies. This happened in 1973 in a Texas child care facility. The uproar was instant, and the highest elected officials of Texas made inspections of the facility. They and the legislature demanded safeguards to prevent a recurrence. So the Texas Department of Public Welfare spent thousands of man-hours compiling guidelines designed to safeguard children from institutional abuse or neglect. In all, 14 recommendations were presented. Today, four years later, two of the recommendations have been adopted.

Meanwhile, the department pushes ahead with its child protective services designed to aid troubled families, protect children, and help parents to cope and love better. The department's child abuse hotline plays an important role in the identification and prevention of abuse and neglect in Texas. Operators on duty 24 hours a day, seven days a week, receive an average of 600 calls per month. Approximately 37 percent of these are related directly to abuse or neglect. Ten percent concern emergency or life threatening situations.

The Texas Legislature did make failure to report suspected child abuse or neglect a criminal offense. It also has helped uncover child mistreatment, but we feel the number of reports has peaked, and that we now receive as many as we are likely to get.

The department has other effective programs combatting the mistreatment of children. We are working with the Councils of Government to coordinate services to children. We have a program aimed at preventing child abuse in military families where unusual stresses prevail. We work with Parents Anonymous, the police, and medical communities in identifying abusers. We attempt to use medical schools and law schools as educational vehicles for recognizing and coping with child abuse. We co-sponsor family counseling centers with the National Council of Jewish Women. We contracted the Baylor Medical School of Houston to prepare video tapes on parenting for presentation in junior high schools, recognizing that more than 40 percent of children born out of wedlock have mothers age 18 or under. Many are 13 and 14, and some 14-year-old mothers are having their second babies.

We recognize a new concern in Washington for the abused child. Under Title IV-B of the Social Security Act of 1935, Congress was authorized to spend $266 million per year on child welfare services. They have been spending about $50 million, but a study is now underway to expand this amount. The Title XX amendment to the Social Security Act appropriates funds to help remedy child abuse and neglect. The foster care program is being scrutinized and may be improved. Let us hope so.

Parents and children have reciprocal rights that go back to the Bible. It is our job to find the least damaging way of preserving the family unit. But regardless of economic and cultural conditions, the child born in Texas is likely to have parents who had minimal opportunities to learn about parenting. They learn as the child grows. Little is done to help men and women become better fathers and mothers.

There is a juvenile court building on which these words are engraved, words on which we should reflect: "Through the guiding light of wisdom and understanding shall the family endure and the children grow strong in the security of the home, for they are the hope of the future."

The Psychosocial Ecology of Child Abuse and Neglect*

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My purpose today is to share with you, as one important aspect of our field, the National Center on Child Abuse and Neglect's planning framework and our future direction. As many of you know, when the National Center was established in 1973 it authorized a series of grants in the areas of research, demonstration treatment, demonstration resource, and a series of contract activities. Basically, we initiated a single wave of new activities, and in the past three years we have not awarded any new, major contracts. We are now in a one to two year process of digesting all the new ideas, findings, and impressions generated by both our grantees and the other field agencies we have funded. As we organize what we learn, we see the need for a policy or planning framework. We need to pigeonhole our findings about parental self-help, counseling, and prevention. We find that communication and understanding in the field suffered because people used the same words to talk about different things and different words to talk about the same things. What I am going to do today is describe our tentative—and it is tentative—sense of what concepts you hold about child abuse and neglect, prevention, and treatment. We have tried to reflect what we see developing from the field, and I think that after I am finished talking it will make sense to you. As I reveiwed what I have heard in the last three days here, many, if not all, of the contents of the plenary sessions and the workshops fit within the concepts I am going to describe and the relationships I will outline.

NCCAN FUNCTIONS

HELP GENERATE KNOWLEDGE/
HELP OTHERS APPLY KNOWLEDGE

- Research
- Demonstration Projects
- Evaluation

- Advocacy
- Information Dissemination and Referral
- Training
- Technical Assistance
- State Grants
- Federal Coordination

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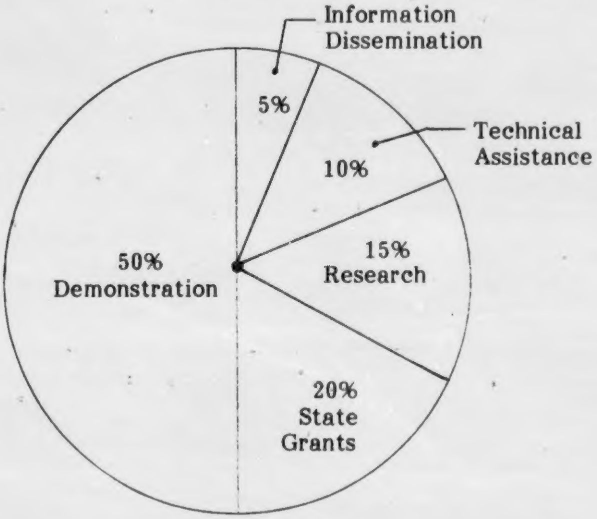
*Informal remarks

I want to start by describing the role of the National Center. We are a small federal program. We have limited ability, in terms of staff time and finances. Our yearly appropriation is $18.9 million. Title XX of the Social Security Act, which funds the bulk of local and state child protective activities, appropriates about $200-250 million a year for these activities, and there are many other specific and nonspecific federal programs that pay the salaries for you and your colleagues. I cannot say, "We at the National Center are in charge of improving the system." All we try to do is help—help you and help others. We try to do this in two broad areas of activities. We try to generate new knowledge about effective treatment and preventive techniques, and because we are not in a direct service role, we try to help others use that knowledge. In helping generate new knowledge, we fund the implementation and evaluation of various research demonstration projects. With permission from and the cooperation of public child protection agencies, we are also considering funding the evaluation of various public service programs in order to learn their strengths, their weaknesses, and what makes them work. In helping others apply knowledge, we serve as an advocate, an information disseminator, and provide training, technical assistance, some state grants, and federal coordination.

I want to share with you the percentage of our budget we devote to these activities. Budget guidelines were established by the same legislation that created the National Center. Each year we spend 50 percent of our budget on demonstration projects, treatment projects, resource projects, demonstration training programs, and state agencies. That percentage was established by Public Law 93-247. Each year we allocate 20 percent of our budget to state grants. We have not used all of this amount, however, because the number of states eligible for grants has not been that high until this year. Thirty states are now eligible, and we expect about forty by the end of this fiscal year. We actually spend about 12-15 percent of our budget for state grants. Regional branches of the Office for Child Development (OCD) transmit appropriations from our office to various field agencies. In each region we have at least one regional child abuse and neglect specialist within the OCD. We disseminate publications, operate the Clearinghouse, and accomplish other dissemination activities.

NCCAN BUDGET

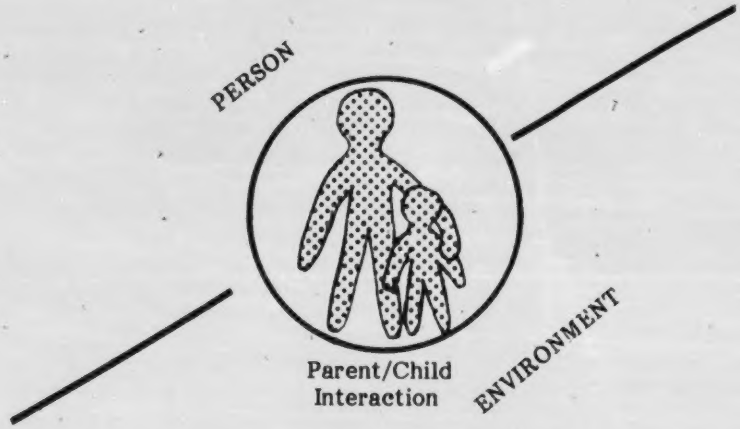


In speaking of our approach to child abuse and neglect, I need to define that phrase. First, let me propose what we think we see and what we think happens. I think we agree that child abuse is merely a statement of what point on a continuum of parent-child interactions we place that line dividing "abuse" and "nonabuse." In other words, depending on their point of view, their cultural orientation, their values, and their sense of history and community, different people define different amouts of corporal punishment as child abuse. Some say any form of corporal punishment is abusive. Others claim child abuse occurs only when there has been a serious and permanent disfigurement. The same principle applies in terms of emotional abuse. Some argue that any deprivation of needed love and care is emotionally abusive. Others say only serious and permanent actions are abusive, and so forth. It is clear, therefore, that when we talk about child abuse and neglect we are trying to define what point on the continuum of parent-child interactions justifies society's intervention. We also find, and can demonstrate with statistics, that there is also a gray area. This is an area in which people disagree. At one end of the continuum almost all would agree a child is not abused. At the other end we would all say that a brutally attacked or murdered child has definitely suffered abuse. It is in the middle of the continuum that we disagree. As a result of our research, we now have some very clear statistical documentation as to how one's profession helps to determine the way a person views this gray area. A policeman, a physician, and a social worker may all hold different views. These attitudes may be determined by a persons' cultural values, racial prejudice, the views one holds toward people who preceded him, past life experiences, and a host of other issues. What we are saying is that no clear line exists which everyone would agree represents the demarcation point between what is and is not child abuse. With this in mind let me add that to think only in terms of one continuum and one gray area is to take only a snapshot in time. People and behaviors change over time. Someone who is at one point on the continuum, or in one family at a given time, may move to another point a week, month, or year later. This may be due to treatment, a new job, or any one of several other factors. What we are saying is that the concept of child abuse and neglect as a static condition may be true when applied to specific families. Other families, however, and we are gathering statistical evidence on this through the demonstration and research projects we have funded, move back and forth in their ability to cope, protect, and care for children. If this is true, then there are some interesting concepts that we must apply to ongoing research and treatment. When researching, we tend to look at a family at one point on the continuum, then look at it at another point, and assume that the passage of time from one point to another implies that the family progressed in a straight line. We tend to forget the clinical wisdom that a family experiences a lot of ups and downs in this process. We may well be correct when we assume that the ongoing service program is responsible for moving the family forward, but how do we explain the other ups and downs?

There is no one single set of parent-child interactions. In other words, to say that there is only one single unitary improper or antisocial behavior called child abuse and neglect is to grossly oversimplify a very complex set of differing behaviors. We can no more talk about child abuse and child neglect as unitary functions than we can talk about kidney ailments as one type of problem. The treatment depends on the kidney ailment. The type of treatment for different kinds of criminal behavior depends upon the kind of behavior we are discussing. We deal with murders differently than with pickpockets or burglars because we make a statement, an assumption, about the forces at work, and about the most effective treatment and intervention for these situations. The same is true about child abuse. Remembering that all this is tentative, let me suggest one way that we are trying to delineate these differences. From the experience of our project, we hope to give you some names to these lines within the next year. But for now, let me suggest some possible names for these differences. One can be called the "battered child syndrome." This concept concerns not only injury to a child, but also the factors of intent, personal problems, and time. In other words, think about the richness of the notion of "syndrome" and "the battered child syndrome." This syndrome does not apply to just one day. It means that over a period of time the family's behavior has been such that the child has been injured repeatedly. Another syndrome can be called "sexual interaction," or maybe we will separate it and deal with one called "sexual misuse" (a concept growing in attention), and another, "incest." And maybe we will deal with one called "unreasonable corporal punishment," and say that the dynamics of this concept differ from those of "unprovoked physical attacks," because we see in our research projects different kinds of people in these different categories. A person who wantonly picks up an infant and throws him against the wall for no particular reason is extremely different from someone who abuses an adolescent for disobedience. We must bring out the differences between the two.

I will now discuss the factors that result in child abuse and neglect, and those that help prevent it. First, we say nothing new when we claim there are certain psychological and social forces that influence the family. In fact, we feel strongly enough about the interaction of these forces in relation to the family and its environment to use the term "psychosocial ecology" to describe the environment in which the family finds itself. We also say that parent-child interactions are a function of person, or personality, of the individuals involved, and the environment in which they exist. Then we add a formula many of you know, it is a truism, and one we ought to say and remember and apply to our treatment, our interventions or prevention, and our concepts of our place in society. The formula states that behavior is a function of the person and the person's environment, and is written B = f(P, E).

PSYCHO-SOCIAL ECOLOGY OF CHILD ABUSE AND NEGLECT



Behavior is a Function of Person and Environment

$$B = F\ (p,e)$$

Let me describe how we define those personal and environmental factors, to categorize them so that we can then share our understandings about them. The first is intrapersonal forces. Some people do not like the term "intrapersonal." I hope, however, in coming years we will use words everyone can understand and accept. Nevertheless, we are saying there exists a set of forces that influence the family. Intrapersonal forces act within a person, and they involve the mental and physical health, education, intelligence, and past life experiences of the individual. Now, let me deal with past life experience. We talk a lot about failure, improper bonding, or being abused as a child. That becomes relevant in terms of later behavior, if it has been internalized or incorporated within the individual. We call that history: the history about the individuals and the family, or past life experience.

We also recognize that the internal things are not the only things that make people tick, so we divide environment into three sections. One section, and maybe we are not happy with the term, is specific life situation forces. Where do people find themselves today, this week, this month? Where do they live, what do they do? We label these forces, but this is not a complete list. That is why we perform research and demonstrations. We try to fill these lists, and we try to read the literature and get more information about what would go on the list. Marital situation, job situation, extended family, characteristics of the child, housing, financial status, and degree of contact or isolation with others are just a few.

It is appropriate for me to make a point here. I have tried very hard not to talk in terms of stresses, not to talk in terms of negative forces, because if our view makes sense it is appropriate to think of these forces as both positive and negative. A happy and gratifying job situation, should, we hypothesize, make it easier for people to function in family situations, as well as others. If you have money in your pocket you are not supposed to experience financial stress. Being broke is probably a negative stress, but having some money "ought" to be positive (There are those of us, however, who do not always feel that way). So we are talking about positives as well as negatives.

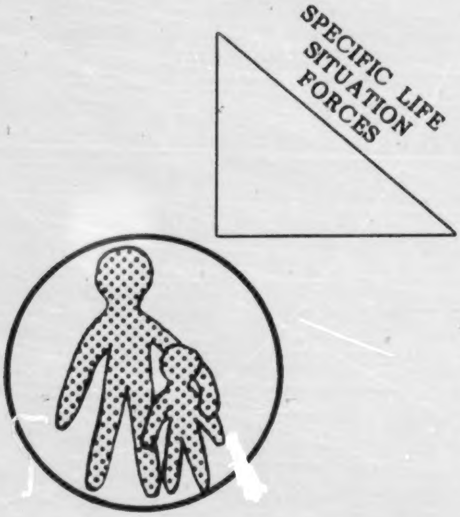
INTRA-PERSONAL FORCES

- ■ Mental Health
- ■ Physical Health
- ■ Education
- ■ Intelligence
- ■ Past Life Experience

Parent/Child Interaction

We also make a distinction here between chronic and acute, because some of the forces acting on individuals have been with them for years, or lifetimes. Others are immediate, and in the future, not only do we want to look at the difference between chronic and immediate, but we want to see their different effects. We have talked about family crisis but we have never, in a systematic way, explored the implications of how we deal specifically with crisis vs. chronic situations. That is not to say people have not worked on it, or that in clinical practice we do not deal with it everyday, but remember we are an "R and D" shop, and we like to do a little research and demonstration.

SPECIFIC LIFE SITUATION FORCES



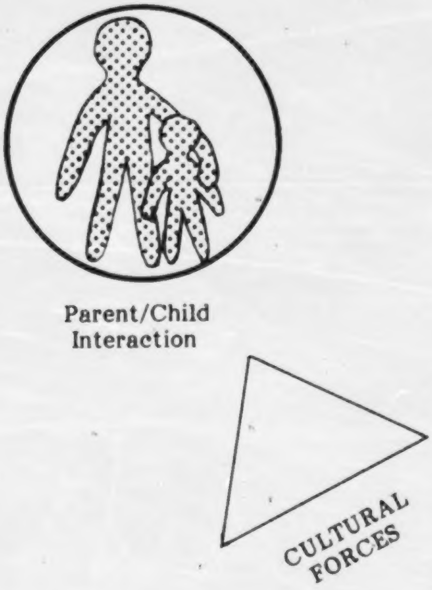
CHRONIC/ACUTE

- ■ Marital Situation
- ■ Job Situation
- ■ Extended Family Situation
- ■ Characteristics of Child (REN)
- ■ Housing Situation
- ■ Financial Situation
- ■ Degree of Contact/Isolation with Others

Parent/Child Interaction

Again, although obvious, we think it is worth stating and making an equal part of this equation that cultural forces shape the way we live and behave. Cultural forces shape the way we drive our cars, the way we function in our jobs, and the way we raise our children. There is no doubt that attitudes toward children have a real relationship to whether they are abused or neglected. To what degree are children prized commodities? To what extent are they valued as individuals in a society? Has child care any prestige in a society that increasingly questions the validity of staying home all day, that defines staying home as not having a career, not "working"? That attitude must create tension in those women who want to stay home and do, or don't want to, and do anyway. Attitudes towards violence, corporal punishment, economic or social competition, mobility of families, racism, religion--all these societal forces influence the way we live and act.

CULTURAL FORCES



■ Attitudes Toward Children

■ Prestige of Child Care

■ Changing Family Roles

■ Attitudes Toward Violence

■ Attitudes Toward Corporal Punishment of Children

■ Economic and Social Competition

■ Mobility

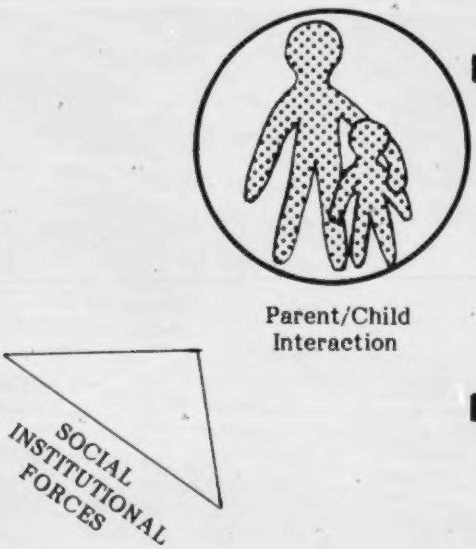
■ Racism

■ Religion

The last set of forces we will categorize--again, we are not trying to discover but just categorize these forces--is what we call, for now, social institutional forces. The purists among us wanted to call them institutional forces, but the communicators thought institutional forces would cause people to think about buildings and prisons. We are talking, instead, about the institutions of society, and let me start with the most general of them—the community institutions, or community-wide institutions. Each of them, and we have only a partial list, shapes the way we live by the way we interact with them, by the way they shape our immediate or specific life situation, and by the way they shape our cultural values, mores, and attitudes. The media offer an excellent example. We also include the family, police, schools, and day care as community institutions that shape the way we think and live.

We also want to describe other separate social institutions that we call problem-oriented agencies. These are the agencies that provide, as Dr. Kempe said, services for people or families with special needs: mental health, self-help groups, foster care, job counseling, and any kind of specialized helping services. We also list another section called child-protective agencies. Our classification is functional, so police, for example, would show up twice, once under child-protective and once under community institutions. If the police receive reports and investigate them in order to provide immediate protection to children, we call them, for the purpose of this model, a child-protective agency. If police perform only their general duties such as patrolling and traffic direction they function as community institutions.

SOCIAL INSTITUTIONAL FORCES



■ CHILD PROTECTIVE AGENCIES

- CPS
- Police
- Courts

■ PROBLEM ORIENTED AGENCIES

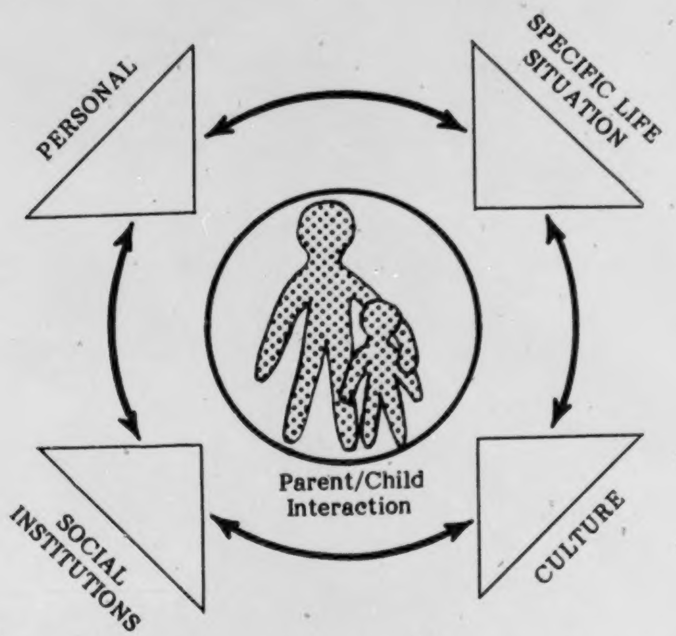
- Mental Health
- Self-Help Groups
- Foster Care
- Drug/Alcohol Programs
- Job Counseling/Training
- Therapeutic Day Care
- Special Education for Children
- Public Assistance
- Unemployment Benefits
- Various Helping Professions

■ COMMUNITY INSTITUTIONS

- Schools
- Day Care
- Police
- Fire Department
- Family
- Recreational Facilities
- Church
- Community (Block Associations, etc.)
- Business
- Social/Fraternal Organizations
- Media (Television)

Overall, we divide person and environment into four categories: personal forces that influence a family, specific life and situation forces, cultural forces, and social institutions. These forces can push down and detract from the ability of a family to care for its own. But just as important, they can push up. My wife is a social worker and after reading her social work and psychoanalytic literature I see that we deal not only with negatives, but also with the positives. This is the most promising thing about our jobs, the uplift.

These forces not only interact directly with the family, but they also interact with each other and then with the family, and then back and forth again. The point is that they are interdependent variables. It means you cannot say that one particular factor leads to one particular behavior. Even if we know everything about an individual and then offer him a vanilla ice cream cone and a chocolate ice cream cone we still cannot predict which ice cream cone he will take. I cannot promise you that in four years we will sort out all these factors for you and explain why each parent neglects or abuses his children. But we will try to identify these factors, discover new ones, and explore their interactions and relationships, because we as researchers and as practitioners think a few ideas can help go a long way.



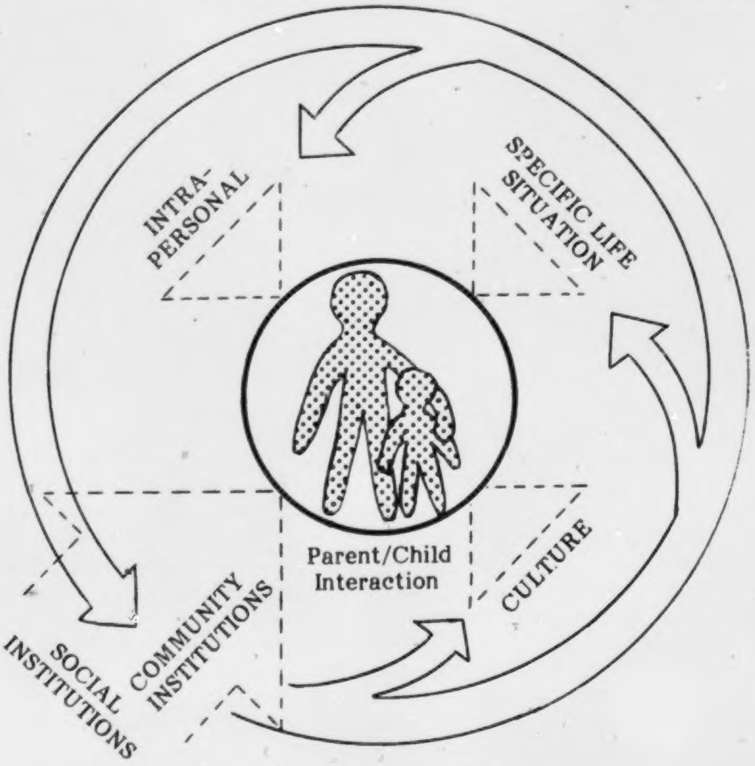
We also have a theory on how we can do something about this problem (here is where I am most concerned about what I am going to say. If you disagree, write me a letter.) Of all these forces, we can directly intervene in only one category—social institutions. We cannot get inside the personal life, the psyche, the specific life situation of people, or the culture. The only way we can deal with these factors is through social institutions. Whether those social institutions are schools, communities, the family, or specific helping organizations such as day care and child protective services, we operate through institutions in our society. Even when we want to shape values and norms we do it through the institutions of television, radio, and newspapers. We say, for the purposes of this construct at least, that change agents work through institutions. We know, and better remember, that we are change agents. Sometimes we do not change things for the better, and sometimes we hurt people by trying to help. That is of deep concern to us at the National Center—it is great to want to help people, but as we look at our programs we never assume a program helps people. We look at it and try, to the best of our limited ability, to measure its effect. Does it have a positive or negative effect on people? I will talk about that in a moment.

I will use the words "primary prevention", "secondary prevention", and "treatment". Let me propose definitions of these terms, ones that combine social work ideas and the concepts that I just mentioned. Let us start with a definition of "primary prevention", something we all want to accomplish. Primary prevention deals with those cultural and institutional forces which affect the specific life situation and intrapersonal forces within all individuals in the community. Primary prevention is not targeted at specific (high-risk) subgroups; it is for everyone. We all need a little primary prevention.

Secondary prevention deals with those institutional, specific life situation, and intrapersonal forces within families with special needs who might, but for these services, abuse or neglect their children. And treatment, which is sometimes called tertiary prevention (meaning preventing a recurrence), deals with those institutional, specific life situation, and intrapersonal forces within families who have abused or neglected their children, and attempts to prevent recurrences of the abuse. We say social institutions do all this, but we could be wrong. We say that social institutions, by affecting culture, lifestyles, beliefs, specific life situations, intrapersonal situations and forces, and by interacting with themselves, can perform primary prevention. Let me take a few minutes to describe how some projects, only a few of which we fund, do all this. I will give a specific example for each.

In terms of primary prevention, a number of our projects serve special populations whose cultural heritage, history, attitudes, and mores differ from the majority culture. Especially within the treatment demonstrations that we have funded for Indian populations, we see a very clear desire to emphasize those elements of cultural heritage that strengthen individuals. We refer to them as treatment projects, but their major focus is primary prevention. In Alaska, for example, they take all the Native American families that come into town, not just the "high risk," and provide them with the cultural supports they need at a time of stress and dissonance. They emphasize cultural strengths through pot luck dinners, pow wows and a whole series of events that say, "Look, we've got ourselves a legitimate culture here. Let's not be ashamed of it. Let's emphasize it. Let's grow within it." They do not have to have an intake or a caseload. We call that primary prevention, and that is why we fund it.

DYNAMICS OF PRIMARY PREVENTION

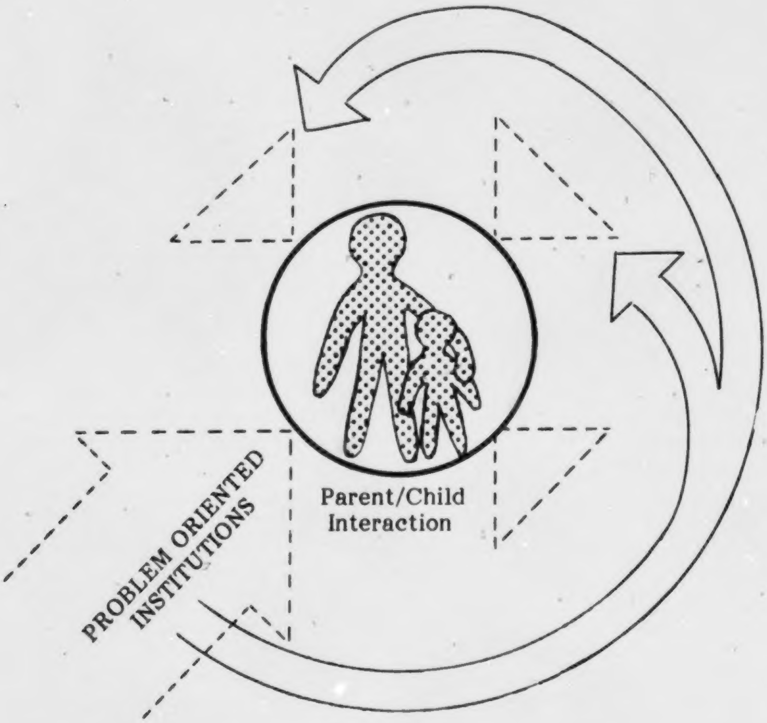


We are learning a lot, and not just about Indians. We are learning a lot about the notion of supporting families who experience dissonance with their culture. I mentioned our Alaskan project, but I could also relate this notion to middle-class life in the suburbs. Our Alaskan project welcomes every newcomer to town in much the same way those of us living in the suburbs receive a "welcome wagon." The project says, "Welcome to the community. What can we do to help you?" Since it is offered to everyone we call it primary prevention. It is difficult to give examples of primary prevention because a lot of it is not labeled "child abuse programs," and much of it does not happen. But there is no question that programs which, for example, emphasize the nutritional needs of children and adults—programs which ensure children and adults of a square meal—have a lot to do with the intrapersonal forces that shape our lives. Also, institutions can work with institutions to make other institutions positive forces in terms of care and protection of children. So researchers and theoreticians, for example, work with hospitals and labor and delivery room staffs to make childbirth a special experience. If we forget these few special moments, what do we do during that lifetime of stress? That is the time to start the bonding process. That is another form of primary prevention.

Let us talk about the dynamics of secondary prevention. When we talk about secondary prevention we do not hit culture. We are talking about specific interventions with specific families in relation to specific life situation forces. Earlier, we identified parental stress. Parents Anonymous or the San Diego YMCA Project, for example, both in different ways, emphasize the importance of self-recognition of parental stresses and of seeking self-help. These two, and half a dozen other projects, some of which we fund, run parental hot lines, stress lines, and bring people into a nonthreatening, non-child abuse atmosphere to deal with that underlying force--parental stress. In San Diego we have found that many problems stem from marital stress, and by dealing with that problem practitioners help relieve the pressures on the parent-child interaction.

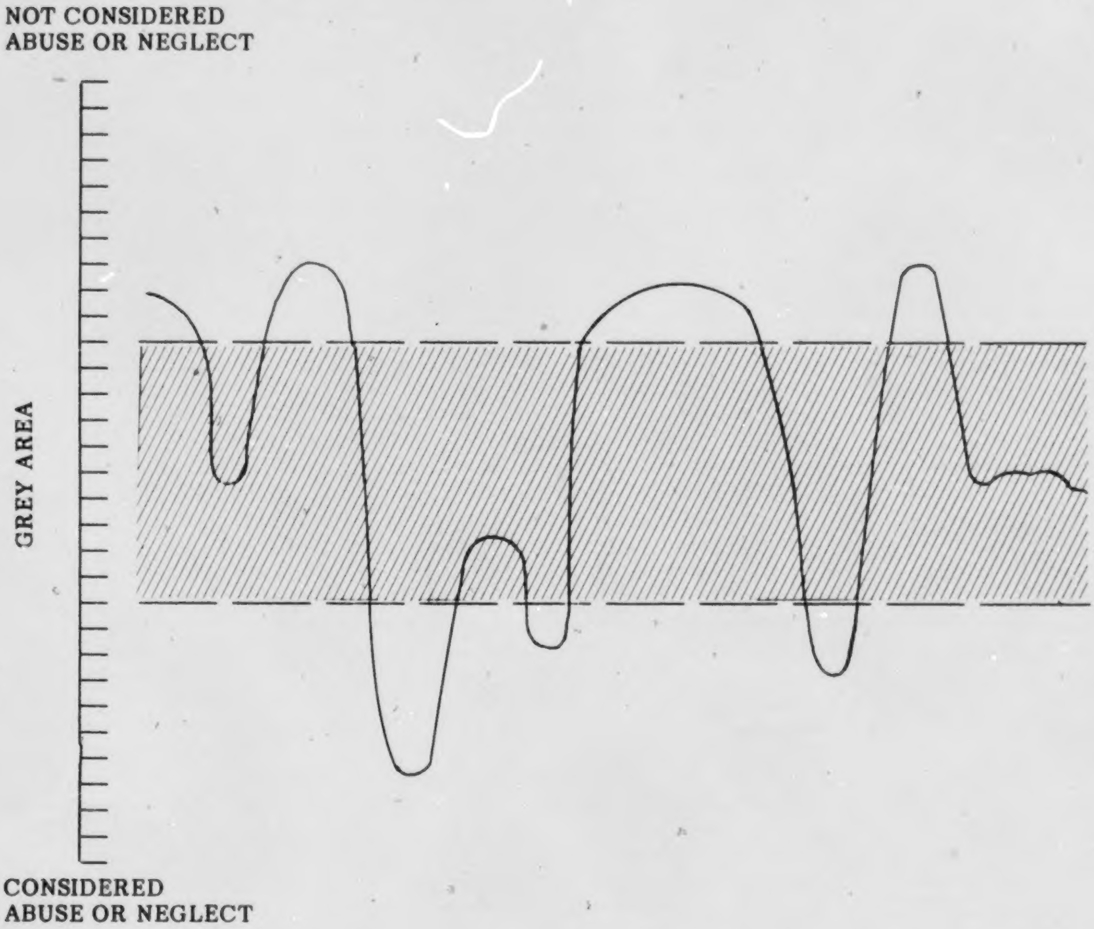
I want to mention another response of problem-oriented institutions for secondary prevention, interpersonal forces. Many projects identify families where there exists a high risk of child abuse or neglect. Special care, in the form of attention, education, a visiting nurse, or perhaps Dr. Kempe's "home visitor," is given to the family in the hospital, newborn clinic, or at home. This care is offered the family if it is believed they will have particular problems in dealing with the child. This is another example of what we call secondary prevention.

DYNAMICS OF SECONDARY PREVENTION



In treatment, we find the same general situation. You do not treat a family by fighting its culture. You can fight the culture—that may at times be a valid thing to do--but we do not think that is going to help the particular family in question. What do you do with the family in front of you? You begin by trying to deal with their immediate life situation and with their interpersonal forces. Let me cite two examples. We all know homemaker care is a nice servide to provide families. But what kind of homemaker care, how elaborate, how well-trained should the homemaker be? What kinds of supports should there be? Should these supports entail merely cleaning the house? Should they be emotional supports? Should they be cultural supports? Should they deal witn racial issues in communities suffering from racial discrimination and isolation? We are looking at this issue in a couple of our projects. This means adding a person to a specific situation. We are also considering pulling people out of their environment. An example of this is our program in Hawaii which has a special shelter in which the entire family—minus the father (who usually precipitated the problem)—can live during times of personal stress. We are radically altering the specific life situation. In future years we hope to determine the meaning of this: Is it valuable? Does it work?

DEFINITION OF
CHILD ABUSE AND NEGLECT



Let me now share with you the most tentative aspect of what we are learning from our treatment projects. We think it is dreadfully important and significant, but let me present it to you as something to discuss and consider in coming years. If you remember the continuum we spoke of earlier and the gray area in which we tend to disagree about what is or is not abuse and neglect, let us now attempt to define what is secondary prevention and what is treatment. Now remember the difference: treatment occurs when parents have already abused or neglected their children, and secondary prevention occurs prior to abuse and neglect. The theoretical construct would be that above the gray area is secondary prevention, and below it is treatment. But notice that since the position of this gray line depends on how you define child abuse, if you redefine some action and this line shifts, you have re-labeled the service without ever having changed the family. In other words, if a cop thinks a kid is being abused, then when you serve the family you are treating them. But if a physician says, "No, that's not abuse; that's close to it but the real line is over here," then suddenly that service you provided the family is labeled secondary prevention.

The label placed on the service depends on the label placed on the family. I think that the fact that we do this is significant. Does the service itself differ for the families above the line and below the line? We know it seldom does. We provide services to families whether or not the parents abuse and neglect their children. We either give them homemaker care or advise them of their need for it. We offer them job counseling and housing services. We give them personal counseling services because they have a problem.

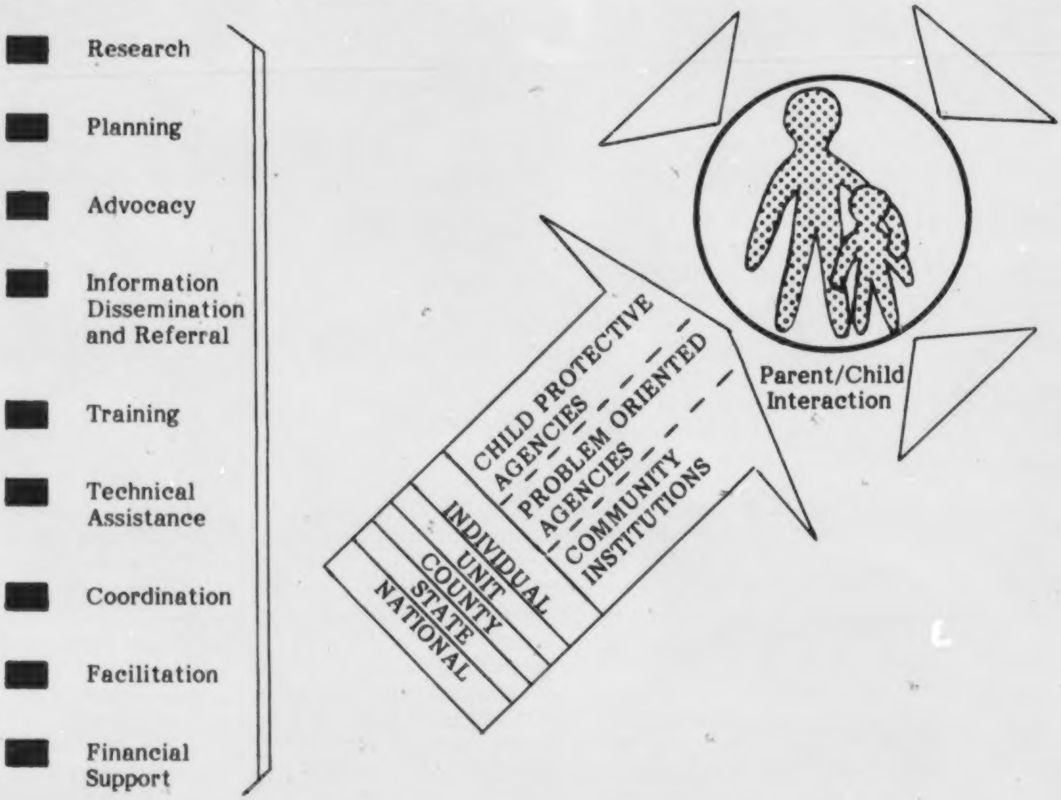
Let us look at this from a slightly different perspective. Remember, we said families change over time; therefore, one month a family may be in secondary prevention and the next month it may be in treatment. What I am suggesting is that if there is a lesson be be learned from the treatment demonstrations that were funded both before and after PL 93-247, it is that helping projects that are not constrained by income eligibility requirements, that are not concerned about reporting law requirements, tend not to make a distinction in the cases they see between actual and potential abusive and neglectful families. They tend to treat families in need as just that—families in need. But, there are always exceptions. We do not know how extensive the exceptions are, but that is one reason we evaluate the demonstration projects and do research. It is also very clear that there exists a set of families, and I shun to term them "hard core," but do not know how to describe them, nor how to characterize them. We do not know how many there are, but there is a set of families whose parent-child interaction curve is such that we cannot place them into the other broader service category. And those are the families that must be serviced five to ten years, perhaps permanently, and given a permanent crutch. We want to look at programs around the country and see real progress in the development, maintenance, and strengthening of secondary prevention and treatment programs when they deal with these general social problems, because they have a source of funding. There are day care funds, mental health funds, and others. But there is no categorical federal program that will support, over a ten year period, a family with a permanent disabling problem. We do not know the significance of this except that those are the cases you hate to let go, the ones that remain in agencies for years and years. Those are the cases that, unless we do something, consign those children to the constant risk of abuse and neglect.

Problem-oriented agencies and several community institutions are responsible for the identification of child abuse and neglect. In terms of secondary prevention and treatment, we know that problem-oriented agencies, child-protective services, and some community institutions can perform secondary prevention and treatment.

In terms of intervention and referral, we must remember that some cases of child abuse and neglect, as well as other forms of improper parenting, are not referred to child-protective agencies but to other special treatment programs in the community. We say for the purposes of this construct that intervention and referral occurs not only in child-protective agencies but also in problem-oriented agencies.

Until now I have talked about the dynamics of direct services or treatment in families and children. The other half of our job involves trying to improve these services, and when I say "we" I do not mean just the National Center, I mean all of us. For our purposes we call that process "resource enhancement." You can call it advocacy, coordination, or planning, but we call it resource enhancement because we are hoping to include those other specific activities within it. In terms of the institutions that can affect the other forces, there are the same three: community institutions, problem-oriented agencies, and child-protective services. There are several key activities or elements within each. There are individuals, units, county organizations, and sometimes a state or a national element. And we can also list activities that enhance resources: research, planning, advocacy, information dissemination, referral, training, technical assistance, coordination, facilitation, and financial support. Not only is that a statement of what we believe the role and mission of the National Center are, it is also the role and mission of most of the regional and state resource projects that we fund. It is also the role and function of many child advocacy groups in this country, and in part, the role and function of many treatment organizations. The best example is the National Center for the Prevention and Treatment of Child Abuse and Neglect in Denver, which is both a treatment organization and a resource project. Other appropriate examples are the special training, technical assistance, and services provided by child protective services agencies, by our treatment demonstrations, by

RESOURCE ENHANCEMENT



anyone in treatment who is called upon to give a community lecture, or someone who is invited to a hospital to explain the handling of child abuse cases.

Let me give some examples of what our projects are doing in relation to specific client agencies, and the levels within the agencies and these activities. For example, one resource project decided its activities could be better used to strenghten problem-oriented agencies, which will help prevent cases from being reported, than to improve child-protective agencies. So they, through technical assistance and coördination at the state and county levels, help problem-oriented agencies accept more cases before they are labeled child abuse and neglect, and urge agencies to work with more families before referring them to child-protective agencies. Another resource project provides training to the whole range of individuals across these situations. The stated purpose of training is to teach individuals how to better identify child abuse and neglect, to be aware of the problem, and to be sensitive to the needs of parents. The other unstated, but equally effective, purpose is to develop coalitions of conerned professionals and citizens across the nation so that these coalitions can advocate for improved and expanded services.

To conclude, I wanted to present a specific list of the projects and grants, contracts, and other efforts that we plan to initiate in the future. But there are three reasons why I cannot do that. First, we do not know under what legislation we will operate. Second, we have not fully digested the information from our existing projects; that will take another year or year and one-half. And third, since we will not start funding until next March, April, May, June, or July, we are not ready to start planning. However, I want to share with you some of the underlying concerns of the National Center, and I think you can assume that our funding and activities will follow these concerns.

- Psycho-Social Ecology of CA/N
- Nature, Extent, and Effects of CA/N
- Dynamics of Prevention, Identification, & Treatment
    - Direct Service
    - Resource Enhancement
- How Best To Apply This Knowledge
- Helping Others Apply This Knowledge

To summarize the points I've made here, let's first consider the nature, extent, and effects of child abuse and neglect. We have said the definition of child abuse and neglect lies on a continuum. We have said there are gray areas. We have said behavior is kinetic. We have said there are different types of abuse and neglect, and I have suggested that we are probably looking at various syndromes: the battered child, the apathy/futility, the maltreatment, and any number of other syndromes. As we look at these different forms of abuse, we will probably perform research and demonstrations to bring out the different manifestations of parent-child interaction. What places one set of parents in one situation, and a second set in another? We will probably try to determine if there is a geographic distribution of these syndromes in terms of incidence. For example, we have an emerging sense that the apathy/futility syndrome may be limited to the southeastern and southwestern United States, and that it is probably a result of the weather in those regions.

In terms of the psychosocial ecology of child abuse and neglect we recognized the truism that behavior is a function of the person and the environment. We also noted that the only way you change that is through social institutions. In the future we will look to research and demonstrations that take into account the psychosocial ecology of the family, trying to understand and manipulate it. We will seek to determine what forms of intervention and institutions are most effective at preventing and treating child abuse and neglect. We will also begin the long process of exploring the interrelationships between these various forces or factors.

In terms of the dynamics of prevention, identification, and treatment, we believe there are definable and identifiable strategies. Based on our experience in treatment demonstrations we have funded during the last four years, we will be able to say these strategies work, or should at least be attempted. We will look at them from a variety of research and demonstration activities. As we identify these institutions' specific strategies—the positive and negative roles and responsibilities they play in society—and as we identify the best methods for applying this knowledge, we hope to shout it from the rooftops. If providing welfare in a demeaning or demoralizing way is a negative force on family life, we want to say it. If school responsibility for teaching parenting is a positive force, which it seems to be, we want to push forward with it. We will do this with all the limited resources at our disposal such as our technical assistance activities and our small, but important, state grant activities. We hope the way we work with other federal agencies will evolve around our understanding of the dynamics of prevention and treatment, the best strategies of prevention and treatment, and the positive and negative roles specific societal institutions can play in that psychosocial ecology.

Let me say that as a field, we have a handle on a fair amount of both research and practical wisdom. During the last three days that wisdom has been expressed in a variety of ways. We hope in the next two years to focus that wisdom's impact in order to facilitate better communication with each other. Only if we share our experiences, our successes, and our failures can we learn from the experience of others. Last year I said that the most striking thing about our field was the way we seemed to be reinventing the wheel, and a square one at that. Through you, however, we are beginning to develop a framework to focus society's attention on the best methods for the prevention and treatment of child abuse and neglect. To the extend that you develop that framework, and to the extent that we can help you frame it and use it, we will.

Individual Tragedy and Social Response

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Child abuse or neglect is a tragedy for the victimized child, and the consequences may stay with the individual as an indelible pain throughout a lifetime. Though there is gathering momentum for social action to correct the situation, the phenomenon of child abuse and neglect is so complex that the selection of the appropriate social response is proving to be a frustrating and tortuous process. To understand the tragedy requires a delineation between child abuse and child neglect coupled with the understanding that abuse and neglect vary in severity, frequency, and intensity from incident to incident.

Much of our familiarity with child abuse is physical and consists of seeing children with broken bones, severe cuts, burns, bruises, and abrasions. These battered children are a visible and pathetic manifestation of the tragedy and evoke strong reactions from everyone who encounters the situation. These batterings are often life-threatening and, moreover, can produce serious psychological consequences for the child. These consequences include timidness, withdrawal, aggressive behavior, and other such ill-timed or ill-chosen responses to social situations. Some investigators fear that such experiences in childhood may be replicated by the child when he or she becomes a parent. Such generation-after-generation occurrences suggest for some researchers an epidemic that passes unimpeded from parent to child and enlarges and intensifies with each generation.

Child neglect, like abuse, has its physical and psychological consequences that often are more difficult to diagnose and relate to specific adults. Physical neglect is perhaps most often noted in the "failure-to-thrive" syndrome in which a child fails to maintain the normal development in size, weight, and motor skills relative to his or her age, sex, and racial peers. Psychological neglect may produce retarding consequences for the child intellectually and emotionally, but frequently is not as severe or dramatic in impact as child battering. Though emotional abuse and neglect is seen increasingly as an important concern, its occurrence is often difficult to detect. Little can be said definitively of what kind or degree of emotional mistreatment damages the child, nor in what ways, although we can be reasonably sure that the damage is done. Overly aggressive adults, parents who are cold and punitive, persons who callously manipulate and abuse others may well be the results of this damage.

Much of the complications of understanding the tragedy of abuse and neglect, and knowing what the proper social response is, derives from our lack of definitions of proper care and parenting for the child. We are much closer to good workable definitions in the area of physical care where we can describe safe environments for children, warn against excessively strong physical punishment, and pinpoint neglectful diets and improper hygiene. Adequate emotional care is a much more debatable issue, and involves what must be labeled "catch words" such as genuine love, empathy, permissiveness, firmness, and character-building. What one parent may consider being firm with a child may border on abuse for another, and what one parent may call love and free expression another may call over-permissiveness and indulgence. Pediatricians, educators, and psychologists have vacilated over the last forty years on such issues as whether or not a crying baby should be held, what to do when a child has a temper-tantrum, or if only positive reinforcement should be used to shape a child's behavior. Even the choice of language is debated, with some authorities arguing that the words "shaping a child's behavior" imply manipulation rather than the provision of an environment of freedom, warmth, and support. There are hundreds of books available on how best to raise your child, and there is more than a little disagreement among them on these issues. If the hypothetical middle-class parent or professional is confused by this, then social class and cultural differences make it even more complex. It has been suggested that setting unrealistically high goals, or goals too easily attained, may limit the child's development as well as his or her future ability to succeed in an achievement-oriented world. Should the inclusion of the traditional machismo concept for the Mexican-American boy be viewed as a special instance of neglect producing a man ill-suited for modern marriage? Or is the strict authoritarian model of the single Black mother a subtle form of child abuse? Does television advertising on the Saturday morning cartoons represent exploitation of children? Are American Indian children abused when our educational system demands that an oral tradition in a native tongue be foresaken for written English and formal mathematics? The lack of clear answers to hundreds of questions like these precludes an appropriate social response to countless potential neglect and abuse situations. The battered child, in a way, presents the easy problem, but the vast majority of cases are less easy to define and prescribe for.

Promoting the cognitive development of the child presents similar problems of defining proper care to be manifested by parents or other caregivers. We do know that critical stimulation as early as the first few weeks of life is crucially important for the development of language, physical, and social concepts. The extent to which parents are able to provide critical stimulation, and do, is an area of some disagreement. Head Start, day-care, television, the pediatrician's waiting room all are additional places where environments could be improved to facilitate the conceptual development of the child. How such environments can support parenting, and what should be the role of each to the other, is not well known.

DEFINING CHILDREN AND CHILDHOOD

The answers to the proper care and parenting of children are embedded within the larger question of the social and psychological definition of the child, and the proper processes of socialization and control of children. There are at least four separate working definitions of what the child is with respect to his or her inherent capability. One definition stresses the view of the child as a small adult capable of doing most things that adults do, limited only by size, strength, and experience, and heir to the same rights and prerogatives of the adult. In some cases such a view might lead to permissive circumstances, and for others it might lead to exploitation such as child labor. A second definition depicts the child as a willful and untamed savage. This view has strong roots in traditional psychiatry through the Freudian framework, and requires that considerable control be directed toward children in order to humanize them. It suggests that parents and institutions must act to control and mold behavior if adults are to be safe, and if tamed replacements are to be available in every new generation. A third concept portrays the child as being an angelic creature unsullied by the greed, envy, and perversity of adulthood and the world. Here the child is perenially the hope of the future, perfect society. The fourth definition, and probably the most accurate, is that coming from modern developmental works such as those of Piaget. This view stresses that the child is a being who operates with different conceptual and emotional properties from adults, and during the maturing process passes through several stages of thinking and emotionality distinct from adulthood. Such a viewpoint may lay particular emphasis upon certain learning experiences at critical periods so that development may proceed to the next level. For example, visual experiences may be necessary from years three to four to prepare cognitive processes for reading that will begin to develop at age six. It is this fourth definition of the child that lays the basis of the need for a thorough understanding of every step in the developmental process to ensure that child neglect does not occur.

Quite simply, how we define the child determines how the child is cared for and treated. The psychoanalytic definition of childhood prescribes different care from the prescription coming from Piaget's work.

The definition of childhood is culturally relative. The laws and informal codes of every society define the rights, prerogatives, and responsibilities of children and families differently. In many parts of the world children possess few rights within the society and have no access to property, but rather are defined themselves as chattel. In some cases the child is under the control of a large and extended family, and in other cases a single parent is identified as possessor of the child. In other areas, or other times in history, children at a very early age are assumed to be adults and may engage in many of the transactions of adults including marriage, work, and procreation. In the United States we are experiencing confusion in these social codes and are simultaneously moving to extend rights to children on many fronts such as: the right to legal counsel apart from parents or the state in cases of child abuse and neglect; earlier voting privileges by lowering the voting age from 21 to 18 years of age; and the right to independent sexual activity through the provision of contraceptive materials without parental consent. All of these social codes imply earlier adulthood. In contradiction, not too many years ago, we were providing different kinds of rights for children by forbidding them to enter into the labor force before a certain age, and protecting them from labor exploitation by requiring that they be paid the same wage rates as adults. We have encouraged the deferment of adulthood by extending the years of mandatory schooling, and by the creation of special legal codes and juvenile courts to handle children differently from adults. Conversely, children are encouraged early to act as adult consumers. Entire businesses such as the recording industry are almost exclusively dependent upon the purchasing power of children. Much of the leisure and entertainment industry is built around youth, and part of the message of this industry is freedom and autonomy for youth. Yet today a number of authorities feel that unwanted teenage pregnancies and youth crime in the city are at least partially a consequence of the decline of adult control over the actions of children. At best we can say that we know very little about what should be the relationship between children and adults in our society where our legal codes have moved in seemingly contradictory directions, and that this ambiguity is creating urgent and compelling questions.

THE ETIOLOGY OF ABUSE AND NEGLECT

Careful investigation of the etiology of abuse and neglect is only now beginning. There are many areas that seem to suggest answers, and include the possibility of brain, neurological, or endocrine dysfunction wherein certain adults may be more prone to volcanic-like outbursts when under stress and frustration, and may be more likely to abuse children. We do know that within the limbic or recticular formation of the forebrain are certain structures that seem to control selective awareness, fighting and fear responses, and may be the sources of the violent behavior manifested by some parents. Evidence indicates there are clearly psychotic individuals who cannot relate or perform in a parental role, though we suspect that such individuals are but a small minority of those adults engaged in child abuse. Psychoses in the order of schizophrenia or severe character disorders are inimical to the parenting role. Some persons, because of problems of physical health such as diabetes, immaturity, or environmental factors such as demanding occupations, may be under too much stress to be always in control of their behavior and consequently be potentially included to abusive and neglectful actions. Some families may indeed develop dysfunctional patterns of interpersonal relations in dealing with children and pass them from generation to generation. The care of children among humans, unlike infant care among other animal species, is heavily dependent upon learning, and when a dysfunctional pattern occurs, it may well be transmitted from generation to generation. When families become highly mobile as they are today, and when neighbors, relatives, and friends are less likely to be available for assistance, the prospects of others assisting in modifying dysfunctional patterns are reduced. Our entire culture, in fact, may be so stressful and so oriented toward individual autonomy and satisfaction that dysfunctional conditions for children are created. Some other countries, such as Sweden and Japan, have much lower rates of child abuse, infant mortality, and neglect. This results not only from better health and educational programs for children, but also seems a consequence of a society that is more orderly, integrated, and less fluid and violent in its arts, entertainment, and interpersonal relations.

We have been aware of child abuse and neglect since the late 1800's and have done much to reduce the systematic exploitation of children in industry. Diseases such as smallpox or rubella that yield to a simple epidemiological causation model have been our earliest and best achievements in improving the well-being of children, but now we face the residual problems that do not yield to simple cause and effect models. In all likelihood, these remaining problems for children come from a variety of causes and require a systems orientation for their explanation and control.

Many of the crippling diseases of childhood, poliomyelitis, smallpox, diptheria, and rubella have been controlled or eliminated. In child health, viral infections that yield to immunizations or antibiotics have provided some of our most brilliant successes. In large measure such successes have been with a particular kind of problem, those problems that are caused by a single agent operating in a relatively simple and direct causal sequence. Polio, for example, was eliminated by assisting the existing immune-defense systems through triggering antibody production by injecting dead or weakened polio viruses into the body. Such problems permit solutions of either eliminating the source of the problem, in this case the viruses, or activating the body's ordinary defenses. Closer inspection of this situation reveals a single entity or a small number of closely related entities that cause the disease. Moreover, the problem follows a predictable and largely invariable sequence with the description of the disease entity and the operation of the body's ordinary defenses being well-known and understood in biomedical research for many years. Solving these kinds of health problems follows a familiar and well-known procedure of describing the presenting symptoms and the path of development of the problem, isolating the causative agent and then either eliminating the agent, the mode of transmission, or activating existing defenses against the agent.

What now can be understood about child abuse and neglect indicates that it is not the kind of problem characterized by the previous descriptions as presented in the example of poliomyelitis. Actually the concept of child abuse and neglect covers a large range of conditions from severe battering to cultural deprivation. For some conditions the sequence of the progression of the condition is well known, but this is not usually true. The specific causative agent or agents are not known, nor is there much evidence for routine bodily defenses. For child abuse and neglect, it appears that the use of the traditional medical model of explanation confuses, rather than assists, the understanding of the problem. It seems that interventions based upon medical models or the use of medical terms such as "epidemics" or "syndromes" are of dubious utility other than arousing public concern. Raising public concern, though, may even worsen conditions in some instances. Before substantial progress can be made in child abuse and neglect, the complex conditions must be understood in their own right rather than depending upon misleading medical analogies.

THE ROLE OF THE STATE

Every society must evince concern for the rearing and development of children, for the strength and continuation of the society is contingent upon these activities. In most instances, the informal family held these responsibilities and if the responsibilities were poorly handled the society was weakened. Modern societies, though, have increased the involvement of government in the care and protection of children. All states have codes dealing with the education, health, and protection of children. The institution and profession having the greatest initial contact with the parent and infant is the field of health. With the rare exception of those persons belonging to a health maintenance organization (HMO), routine pre- and post-natal care is difficult to obtain. Moreover, the typical physician or pediatrician is not prepared to diagnose many cases of child abuse and neglect, and in many instances may prove to be reluctant to report such instances when they are identified because of perceived role conflicts as well as the fear of court involvement, loss of clientele, or financial damage to the practice. The only other uniform and generalized institution involved in contact and care of children is the public school system. In most states the involvement with the school begins in the fifth or sixth year of childhood, but teachers, like physicians, are not well prepared to detect child abuse or neglect, particularly in its subtle manifestations. Our society depends upon individuals being able to detect health or legal problems themselves and then choosing whether or not to seek assistance. The individual is routinely expected to pay for services. Two problems exist from the perspective of the child when abuse and/or neglect occurs. The first problem is that there is almost no way to detect abuse or neglect until the child reaches school. For a variety of reasons the abusive or neglectful parent may choose not to recognize the problem or seek to hide it. Occasional visits to physicians do not raise significantly the probability of detection, and if the family does not have a regular physician the chances of detection are lessened. Most states now have mandatory reporting laws that require professionals, neighbors, relatives, and others to report suspected child abuse. However, many cases go undetected and often reporting occurs only after severe damage has been done. Prevention and early treatment seem unlikely as long as uniform health or educational services are unavailable for the preschool child. A national health program for children or universal daycare beginning with infants (a much more sophisticated level of daycare than we currently have) would be a vehicle to remedy the early social isolation of the child and the family, but such developments are some years away.

Child welfare or protective services are seen often as organizations that could prevent child abuse and neglect, but mostly protective services become involved only after abuse or neglect has occurred. Protective services must depend upon media, physicians, church groups, and schools to do primary prevention, which means teaching how to care for children. Typically protective services do not get involved until primary prevention fails. When protective services do get involved, their usual charge is to protect the safety of the child and conduct some form of investigative proceeding. Other things being equal, if the case is severe, a thorough investigation will be done. Given caseload sizes in most communities, less than severe cases receive much less attention. Most protective services personnel like to think of themselves as being able to treat and remediate some psychological disabilities in children who have been victims of child abuse, and to be able to improve the parents' capability to care for the child. There is much more hope here than actual accomplishment. Most protective services personnel are not adequately trained to provide successful therapy for abusive and neglectful parents, and there is still very little known about how this is done anyway. Again, most caseloads are far too large to permit intensive therapy with abusive clients. Protective services, then, mostly become involved in investigations of suspected abuse, struggling with the courts, trying to locate foster homes, and hoping for an adequate referral service for treatment. Protective services workers tend to be overworked and frustrated, and, especially in recent years, move into other kinds of work.

SUMMARY

The more we discover about child abuse and neglect, the more aware we become of the complexity of the issue. Data increasingly indicate that there are alarmingly high levels of abuse and neglect, and that these levels have continued to rise in recent years. We have many more single-parent families today and disconcerting increases in teenage pregnancies. Teenagers who become mothers know little about parenting and possess few reserves for family support. Our laws and our social norms regarding children are contradictory. The etiology of abuse and neglect is frighteningly complex, and our protective services systems are overburdened and designed to be stopgap measures rather than prevention and treatment systems. However, it is not an impossible state of affairs. Since many other industrialized countries are plagued much less by these issues than we are, one might conclude that progress can be made. To rectify the situation, though, some means of greater early contact with parents and young children is required. Uniform medical services must be made available to children regardless of parents' intentions or inclinations. Protective services delivery systems must become thorough and coherently functioning organizations rather than the irregular patchwork systems that they are today. Abuse and neglect will not yield to one-shot solutions; rather a complex of changes must occur within the society with the complex being carefully orchestrated for the basic providers of care, the parents.

CONTEXTUAL ISSUES

Child abuse and neglect, like any other social phenomena, do not exist in a vacuum. Cultural norms and values, social institutions, environmental situations, and the characteristics and attitudes of the families and individuals involved all share in influencing the nature, severity, and outcome of child abuse and neglect. The definition of child abuse and neglect which we use not only determines its legal and sociological presence or absence, but can also influence the affective responses of the community, the protective services worker, and the family itself to the label/diagnosis/assessment/charge of child abuse or neglect.

There is clear agreement that the structure and role expectations within *family systems* have changed. The question remains what the function of the family will be, and where the supports and assistance necessary to allow families to move from realistic expectations to their maximum potentials will come from. One option, as the MOTHERS organization demonstrates, is from cooperative self-help.

The *cultural and cross-cultural perspectives* presented demonstrate most clearly how many of the issues of child abuse and neglect are the same, not different, across cultures, but also reinforce the necessity of delivering services within the socio-cultural context of the family. Other social phenomena--corporal punishment in schools and juvenile delinquency--appear to be related to child abuse and to each other, as well.

Research activity can play a reciprocal role in defining the context of child abuse and neglect. Our view of the problem influences the kind of research we will engage in and support, while data from the research feeds back into our perceptions of the phenomenon. The potential for a single-minded positive feedback loop is obvious. The challenges of research in child abuse and neglect include how to study service delivery without disrupting it; how to study a private, low-frequency event; and how to make findings useable by policy makers, other researchers, and practitioners.

Emotional abuse and neglect is perhaps the knottiest problem in the area of child maltreatment. Merely defining it in a way acceptable to mental health, welfare, and the law has not yet been fully accomplished; a two-level diagnosis seems to be necessary, with considerations of parental intent and cooperation key indicators for intervention.

Neglect is obviously a poor cousin to abuse in terms of research, program development, and intervention, even though neglect affects--in incidence and fatalities--many more children. The reasons for this are seen to lie in the more dramatic nature of abuse and the comparatively lower cost of intervention with abusive parents, as well as in political and organizational issues.

Two approaches to the *prevention* of child abuse and neglect are represented. One, which might be called secondary prevention, uses behavioral, demographic, or other types of indicators to identify families at high risk, and then applies direct interventions with the child, the parents, or the total family system. The other, referred to as primary prevention, assumes that in our mobile, changing society all families are at risk, and stresses educational and social policy interventions designed to lessen the impact of environmental stresses on families.

A campaign to develop accurate, comprehensive *public awareness* of child abuse and neglect can have several benefits: increased community support in terms of legislation and resource allocation, increased reporting, and even an increase in self-referrals. But service delivery must keep pace with expanded expectations, or clients and the community as a whole face disillusionment.

Although *reporting systems* and central registries pose significant privacy and parental rights issues, their use is generally seen as an important aspect of protective services, aiding in identification, epidemiology, and research on the social context of child abuse and neglect. The danger arises when practitioners use registry information as a substitute for direct observation and assessment.

Vincent De Francis

Leila Whiting

The panel on prevention; left to right: George Starbuck, Brian Grodner, Lawrence Brown, David Williams, C. Henry Kempe

James Cameron

Wayne Holtzman

Ray Castle

Family Systems in Society

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The Child and Family in Society: Realistic Expectations of Maximum Potential

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Washington, D.C.

The story is told of a talented painter who was frequently visited in his studio by an enthusiastic and admiring neighbor. On one occasion, as the visitor hovered over the artist's shoulder watching a masterpiece take shape under his very eyes, he exclaimed, "Isn't there any way I can help?"

"Yes," the painter replied. "Stand out of my light."

All the painter needed was an environment of positive opportunity; he could handle it from there. The analogy may be crude, but that is exactly what families need—a relatively free and positive environment in which to grow and achieve.

However, we see the child, the family, and the community interacting within different and sometimes conflicting expectations, and all this overlaid with an urgency to pursue their "maximum potential."

I offer no analysis of the topic assigned to this panel, except to say that as I tried to understand its meaning, I was struck by the notion that the topic carried overtones of pressure that tend to create individual and family dysfunction. The topic flows naturally from our high achiever-oriented society. But before I am marked as one who advocates a laissez-faire attitude toward realization of family or individual potential, I will state my thesis and briefly elaborate on it. My thesis is simply this:

> Family and individual goals and expectations are developed within the family's or individual's perception of realistic opportunity.

To elaborate further, I will discuss three questions and then briefly relate these ideas to the problem of child abuse.

WHO SETS THE GOALS?

We should have learned long ago that "we" cannot set goals for "them." What we can do is relieve the external pressure as the first step toward creating positive opportunity for the individual or family to identify how they want to live and relate to each other and the community. Freedom to choose from among the options should not be usurped by helping professionals.

I assume that when we talk about goals we mean the tangible, defined expression by a family or individual of their aspirations. Goals may include not only specific material or financial achievements toward which to work, but should be framed within and deduced from a recognized "quality of life" that a family deems most desirable and needful for its own best functioning. The quality of relationships among family members, the development of mutual support within the family and community, plans to enrich life through pursuit of religious affiliation, education, or cultural activities are appropriate areas within which to select goals.

We know that not all choices will be the best that could be made—nor will they inevitably lead to achievement of maximum potential. The professional role is to prevent undue hurt as families and individuals learn to direct their own lives in a social environment. Some will choose not to vigorously pursue "maximum potential," perceiving the pressures of such pursuit as being too severe and thus actually damaging themselves as a family or as individuals let alone as "goal achievers."

A child crawls before he walks. Should we expect a family to set its first sights on its "maximum potential?"

The important thing is that each opportunity offered should be just that—and not an option forced upon a family nor one that, if selected, would be allowed to retard progress toward self-selected, self-fulfilling and socially responsible goals.

Selection of optimal goals for individuals and families is the prerogative of the people involved. Society's goals for development of families and children should focus on environmental and opportunity considerations. It is inappropriate for society to usurp the individual's personal choice of goals, except to set standards for protection from injury.

WHAT ARE APPROPRIATE GOALS?

You may already question this approach because to this point no acknowledgement has been made that inappropriate choices and actions by individuals and families all too frequently result in wasted potential or injury to one or more of its members. That fact exists--I do acknowledge it--but I submit that it has little to do with goals. Rather, such injury signifies a breakdown, a frustration, entirely aside from goal selection itself.

Children are seldom abused because the caregiver decides he or she wants to abuse them. The abuse derives from a collapse in the caregiver's coping ability in a stressful situation.

Appropriate goals obviously would embrace those achievements or states of being which are fulfilling to the people involved and which contribute to the social goal of family and community. Few people would knowingly choose otherwise.

The appropriateness of goals selected and pursued is enhanced by the environment of positive opportunity. When opportunity exists and is perceived, aspirations rise up to capture it—especially if optimistic support and encouragement are present in family and community.

HOW DO WE IMPACT ON OPPORTUNITY?

Perhaps it is true that we create our own opportunity; that is the American way. But some of our fellow citizens are discouraged, and with good cause. Unemployment, crowded living conditions, friction between family members, scattered and unavailable extended family members and other stress-produced conditions distract us. Even when opportunity is there, we may not see it, or may not believe it exists.

The professional role, then, is best directed at stimulating the social environment to produce real opportunity and to direct the discouraged toward it. Sometimes all that is needed is a facilitating and connecting type of service. When the discouraged family member experiences the opportunity as real, a new level of expectation and aspiration is born. Maximum potential, or self-fulfillment at whatever level, is achieved one step and one success at a time.

RELATIONSHIP TO CHILD ABUSE

Thus far, my comments have been general and conceptual rather than concrete and practical. To attempt to balance that let me relate these ideas to the problem of child abuse and neglect.

In my judgment, no environmental condition or lack of opportunity absolves anyone of responsibility for violence against another person, especially a defenseless child. I have purposefully focused on the necessity and value of a positive opportunity environment. Achievement of individual goals and exploitation of individual potential is best enhanced when options are available to choose from and persons capable of extending practical help offer optimistic support and encouragement. Equally important is the need for intervention and help at crisis points to prevent injury or to protect from further injury. Perhaps I am cautiously searching for a strategy which is preventative in a true sense, a strategy which nurtures and capitalizes on the substantial strengths of the family and its individual members.

When thinking of the importance of the family, I am reminded of a quote from James Reston in a column titled, "Family Life--the Last Refuge," in the Minneapolis Tribune.

> If preachers are not to be believed, and politicians are not to be trusted, and society as a whole is a jumble of lies and tricks, then the family may still be the best bet available, maybe even better than being liberated into loneliness.

It is time to "rediscover" the family as having great potential for self-help and nurture of its members. With this in mind, the family should be strengthened as an alternative to expanding institutional helping agents.

Undeniably, child abuse and neglect is the result of an act, or failure to act, by some specific responsible person. But the causal factors are frequently very complex. Studies have given evidence that the episode of abuse is strongly related to: immaturity of the abuser, recent birth of another child, an abuser who once was an abused child, and unemployment of the family head. The abusing environment apparently has at least two aspects: (1) there is a condition (a cause or trigger situation) which puts the caregiver in a stressful situation; and, (2) the caregiver is unable to cope with stress in a nondestructive manner; the caregiver loses control of his own actions.

To illustrate the impact of impaired opportunity and the result of failure to achieve expectations, I present the following observations from American Families: Trends, Pressures and Recommendations, a Preliminary Report to Governor Jimmy Carter by Joseph A. Califano, Jr.:

> When unemployment reached 20 percent in Flint, Michigan, Flint became the city with the highest rate of alcoholism in the country, drug abuse treatment centers had caseloads twice what was projected and the incidence of child abuse soared. Recent research suggests that the variable that most frequently relates to child abuse is the father's unemployment.

This is but one example of a negative opportunity environment. But the point is made: an effective preventative strategy must address such large environmental factors.

As a society, as a community, and as helping professionals, we are obligated to look beyond the individual case and examine the environmental factors which provoke or create the problem. When we do, the quality of life and the realization of human potential can be enhanced for all.

Child and Family in Society: Realistic Expectations or Maximum Potential?

Diane Broadhurst, Education Consultant
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The title and sweeping theme of this panel, "Realistic Expectations or Maximum Potential," alarms me. I find myself wanting to define terms, to find some common ground, to understand where we are headed. I think it is well to set some limits whenever a national conference discusses policy issues.

Our topic falls naturally into three areas: (1) realistic expectations vs. maximum potential; (2) when, if, and at what point should separation occur; and (3) what resources are available for helping families at risk.

Should realistic expectations or maximum potential be regarded as an either-or situation? Does one preclude or negate the other? If we settle for realistic expectations, must we assume that maximum potential is not, or cannot be, achieved? If maximum potential is achieved, is that unreal or beyond what should be expected?

Perhaps our title and theme should instead be realistic expectations of maximum potential.

Just what is meant by maximum potential? Who defines it, and how? How does one measure another's potential, much less delimit it? Realistically, do we foresee a committee formed to determine each individual's potential and to set an arbitrary limit upon it? Are we in some measure already doing this with, or to, abusive and neglectful families?

Whenever we talk about maximum anything we are by definition setting a limit, and this will not work with people. People have a way of evading the arbitrary limits which society devises. In practical terms, setting a maximum potential for an individual could mean discouraging excellence, or disregarding that person's dreams and hopes for a better life. Shall we depress a family's hope to someday, somewhere find a better life? It can become a self-fulfilling prophecy; by not expecting very much, we get just that--not very much, although so much more might have been achieved.

There are mountains of evidence to prove that children early labeled slow, poor learners, etc., usually turn out that way. If we label an abusive or neglectful family as having the potential to reach number six on a scale of ten, perhaps we condemn them to go no higher.

Let us examine a brief case history of a young man. The child, age three, and his mother were abandoned by the father. His mother was an alcoholic, and he had a congenital malformation which left one foot crippled. As a boy he was severely physically abused by his mother, who also emotionally abused him by taunting him about his defect and regarding him as something less than human. Before the age of ten he was sexually assaulted by a nurse, an experience that had a profound impact on his later sexual activities, which included marked proclivities for young boys and an incestuous relationship with his half-sister.

What would we say were the realistic expectations for this young man? What would we say was his maximum potential, and what might we expect him to achieve? Predictably, his marriage was unhappy, his relationships with others disturbed, and his life chaotic.

But unpredictably, he was also one of the greatest figures of his age. Although he died at age 35, he had already written *Manfred, The Corsair, Don Juan,* and *Childe Harold's Pilgrimage*. I refer, of course, to George Gordon, Lord Byron.

When we speak of expectations, whose expectations are they? The family's for itself, or society's for the family? If not the family's for itself, we had better look closely at a few important points. First, have these expectations of society been set in consultation with the family, or have they merely been imposed from without? Has anyone ever asked the family where they want to go, and how? And if *society* is setting the expectations, what is the social distance between it and the family? Are we at the point of eliminating individuality in favor of having everyone alike, everyone at the same level or standard, everyone doing and being what one or two of us has decided is right and proper?

To go a step farther, how shall we determine what is realistic, especially in a world that changes as fast as ours does. What was fantasy yesterday happens today, and is history tomorrow. We can no longer be so certain about things as we once were. Things change, people *change, and society changes. Clearly,* our expectations must change too. But do they? As Henry Kempe said, "Once a year we should ask ourselves, why are we still doing this?"

We must learn to view abusive and neglectful families as individuals, not as the sort of homogeneous group they are often considered to be. To be realistic, our expectations must take into account what each family is willing to achieve, and we must avoid setting some arbitrary limit, whether high or low, for maximum potential.

James Hyde has said that of the hundreds of abusing families with whom he has worked, not one was without some strengths. That is a critically important point. Too often all we see in individuals and families are the weaknesses; we cannot see the strengths. Yet we must, for it is upon these strengths that treatment must be built. Even in families where separation of parent and child must occur, there can be strengths. Perhaps they are the kinds of strengths which can be built upon so that the separation need not be a permanent one. Or perhaps the strengths are the kind that will allow a parent to say, "I can't do this job of parenting very well. It will be best for my child if someone else looks after him."

We were asked to consider what families require in order to stay together. In my opinion we have gotten hold of the wrong end of the microscope. The question is not at what point are families able to remain together--number six on that ten-point scale, perhaps--but at what point must they be separated. In my view separation should occur only under extraordinary circumstances, such as when a child is in clear and present danger at home or (and this is often overlooked) when the parents sincerely request voluntary separation. When parents request separation we had better be prepared to listen. Rarely are such requests frivolous, and to disregard them may have tragic consequences. A note of caution: removing a child only under extraordinary circumstances does *not* preclude making removal a first resort as sometimes it clearly must be.

As an example I'd like to describe a case that happened recently in a mid-Atlantic state. A 2½ month old child was brought to a hospital with massive head injuries, contusions, and fractures. There was not much question the child was a classically battered baby, and extensive cranial surgery was required to repair the damage. The child was returned home as soon as he was well enough to leave the hospital.

If we are to speak in terms of our theme, this family had a maximum potential for violence: the parents were unmarried, the mother young, the father on drugs, known for his violent temper, and unemployed. A realistic expectation might have been that trouble would recur. It did.

Within two weeks the child was back, this time with multiple fractures. Again he was hospitalized and again returned. Two months later, after a third incident and a third hospital admission, he was dead.

Here removal to a safe environment should have been a first resort, considering the age of the child, the severity of the injuries, and the home situation. But removal was not the first resort, nor tragically, was it the second or third resort.

I believe we need better standards to tell us when families should be separated. Some standards exist, it is true, but they are far from universally applied. I do not suggest that there can be a formula to state at what point, under which precise circumstances separation must occur. So many factors must be taken into account; the peculiarities of each case require individual consideration. Some factors may be considered common to all situations in a given community. Chief among them is the question: what are the real alternatives to separation, or to leaving the child at home?

If a community has no shelter care facilities, or none available, and no medical facility willing to house a well but endangered child at least temporarily, the child may well be left at home regardless of the danger, simply because there is nowhere else to put him. On the other hand, a community which has a few treatment resources geared for abusive or neglectful families may regard removal as "treatment," even when it is not indicated. Resorting to removal becomes the only alternative to doing nothing.

The matter of resources for abusive and neglectful families is a critical one; we are all aware of that. But many communities have resources that are not being used simply because they are not thought of as resources for abusive and neglectful families. Prime among them are schools, and the variety of volunteer groups found in any community.

I would like to point out why schools are not, but should be, more actively involved than they are.

Schools are where children are; that is a fact of life. Children are in school every day, nine months of the year, for twelve critical years. The school is generally the only place a child is seen daily by those trained to observe children. Where parents are not advocates for their children, as may be true in child abuse and neglect, the community must take on the advocate role. The school, as part of the community, must be willing to do its part. Indeed, the schools already stand in loco parentis in many circumstances. Speaking out, reaching out, to the abused or neglected child is merely a natural extension of that function.

In the past, many educators have been reluctant to become involved in cases of child abuse and neglect, fearing the results of involvement with angry parents, lawsuits, etc. However, as more and more schools have become involved—safely—much of this reluctance has begun to disappear. More and more educators have come to understand their immunities and now realize that good can come out of reporting abuse and neglect.

A new problem is emerging, and it is one we are going to have to address if we want to count on schools as a resource in the future. This problem is the reaction, I might say resistance, schools are encountering from social agencies when they do get involved. Sometimes school reports are discounted, even though they are made by experienced professionals who know what they are talking about. Such a reporter, turned off by the reception he receives is unlikely to want to report again. Here is an example:

A school counselor reported a case of sexual abuse which had been revealed to her by an adolescent girl. The girl had been raped several times by her step-father, most recently, the morning of the report. She sought out the counselor, asking for help, and she was clearly frightened. When the counselor called the proper agency she was met with indifference. The agency simply was not very interested, although the situation was serious. The counselor pressed for action. Reluctantly the agency offered to make a home visit—to see if the girl "is enjoying this."

If this counselor is reluctant to report again, will it be any wonder? Another case history will illustrate how a school willing to take an active part in child protection can be turned off by being told to mind its own business.

This school, which had reported several cases of suspected child abuse, all with good cause, received a letter from the local social services agency stating that they had been overreporting. They were requested to confine themselves to cases that were serious. The letter made it clear that in the agency's opinion bruises were neither indicative of serious injury, nor capable of causing a child pain.

I call this the "give me blood syndrome." Far from using the schools as a means of early identification and detection, this agency is encouraging the schools to wait until things are really bad.

If we want to make better, more extensive use of the schools as a resource, we had better make them welcome and a part of the team. We had better treat school staff as the competent, experienced observers of children that they are.

My last point has to do with the use of volunteers as a resource in the broad area of child abuse and neglect management. Recently I have seen several instances where enthusiastic volunteer groups, ready to commit time, money, and resources, have been told that they are not needed, that the field is for professionals only, and that they are not wanted. What a waste! There are so many things volunteers can do, often better than paid staff. They can be a vital part of any overall community program to detect and prevent child abuse and neglect. In some communities, volunteer groups are doing just that, and in a variety of very imaginative ways.

In one city a therapeutic nursery for abused children is staffed in large part by Junior League volunteers. In another city an all-day training program on child abuse for mental health workers is being underwritten by the local Exchange Club. Another training program in a different city was jointly funded by the Chamber of Commerce, the Junior League, and the American Association of University Women. These groups also handled all the arrangements, publicity, and ground work.

In some communities volunteers sponsor Parents Anonymous groups, direct hotlines, operate speakers' bureaus—all jobs that are time-consuming, but must be done. Agency personnel cannot do these jobs unless they stop doing their assigned jobs. Clearly what is needed is a partnership.

If it is really true that child abuse and neglect is a community problem, a problem for all of us, then it is going to take all of us and all the resources we can muster to solve it. We cannot afford to turn away, or to turn off, anyone. To paraphrase Pogo, I have met Society, and it is us.

I'd like to leave you with one more case history to think about in terms of maximum potential and realistic expectations. This is a man born to a syphilitic mother, who died when he was young. His father was a brutal man who abused the boy. In addition, the siblings did not get along; this was a multi-problem family. Our study subject eventually became deaf. By all accounts he was irascible and difficult to live with, an expectation we might have predicted. In assessing his maximum potential, however, would we have guessed he was Beethoven?

Changing Family Roles and Structures: Impact on Child Abuse and Neglect?

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What is happening to families today? Statistical data offer interesting commentary as a focus for the current crossroads of family life. Statistics can do more than measure facts; they can jar us into putting our beliefs and assumptions into new perspectives; they can demonstrate how the world has changed and how we can act upon those changes.

Recent Department of Labor statistics point to a shattering fact about today's families. Only 7 percent of American families fall into the category of the "traditional" family structure, i.e., the two-parent family, in which the husband works full-time, the wife stays home and maintains the house and cares for the two or three children. Ninety-three percent of all families do not follow this pattern. Clearly, the structure of the nuclear family is changing.

According to HEW, in its publication, *The Status of Children* (1975), some 12 million of the 70 million children in this country, or almost 20 percent, do not live with both parents; there are now 1.3 million of these children living in single-parent families headed by men. In 1975, over 47 percent of all married women were in the labor force. Breaking these figures down more specifically by age of child we find the following: 32 percent of all mothers with children under age three were working; 35 percent of mothers with children between three and six were working; and 54 percent of mothers with children over age six were working.

These figures are thought provoking. Today it is a necessity for many husbands and wives to work to maintain a middle-class standard of living, to achieve the goals of home ownership, and to secure college educations for the children. Clearly, both the structure of who is included in the family unit and the family's style of life have changed. In addition to these changes, new attitudes are developing about women and their roles in the home and work force.

We are still reeling from the impact of the new family unit, the changing work force, and the women's movement, and their effects on family life and societal values and priorities.

The women's movement has generated controversy regarding its effect on the development of children within the family. One point of view suggests it is the women's movement that has created the major upheaval in family life. Despite the effects produced by the smaller, mobile, nuclear family, and the economic pressures forcing women into the labor market, there is a school of thought that holds the women's movement responsible for the upheaval in the roles, traditions, and rituals of structured family life. This, according to psychiatrist Edward Levine (1972), has led to disruption of family stability, gender identity problems, and less satisfying and enduring marriages. All of which points the way to increased stress on families and more difficulties in the rearing of children. Many experts in the field of child neglect and abuse point to high stress as a factor for the existence of child abuse and neglect. Conclusion: The women's movement is a contributing factor to the ever increasing problem of neglected and abused children.

On the other side, there are psychologists, feminists, and physicians who view the women's movement as being positive and in the long range a deterrent to child neglect and abuse. Kempe and Helfer in *The Battered Child* (1968), point out that the child abuser's attitude toward his or her child is that the child exists to satisfy parental needs, and when such needs are not met punishment of the child ensues. Such facts illustrate the necessity for options for need fulfillment. For many women this has come to mean self-development, aside from the wife and mother role.

The second positive element of the women's movement has been better education of women in preventing and planning pregnancies. Traditionally, birth control and planned parenthood were not practiced. Couples (that is to say, women) had children as they came--unplanned, and often unwanted--while being unprepared for the responsibilities of parenthood. Today, this pattern can be changed. As women can consciously decide about bearing children, there is less possibility of an unwanted or unneeded child, thus decreasing the stress on the family as a result of the birth of that child. Both parent and child can start out on a more positive course.

According to Patricia Keith-Spiegel (1974), there are specific goals of the women's movement which, when achieved, may simultaneously reduce the incidence of child abuse. These include:

1. Education about self, marriage, parenthood and family from a non-sexist point of view;
2. The creation of multiple life options for women besides motherhood;
3. Knowledge of and safe accessibility to proper contraceptive devices;
4. The liberation of men from their "aggressive" and "non-child oriented" role models;
5. Establishment of programs to allow mothers extended life activities; and
6. The raising of females to be more resourceful, self-confident, and less dependent, so that life's problems and obstacles can be handled in a constructive manner.

The trade-off of what has been lost and what can be gained by the women's movement with respect to the incidence of child neglect and abuse will continue to be debated. In my own mind, the long-range consequences point to increased benefits for children and families. The major barrier now is for our society to lay to rest the myth that today's families are living or can live in the traditional structure and roles in which they were once cast.

Where does the family go from here? Clearly, there is no going back. Society has changed too drastically; technological advances, an urban-industrialized culture, the economic structure, the sociological patterns--all exist today in a vastly different world than that of society 50 or 100 years ago. Thus, the family structure will be shaped by the societal patterns around it. The future success of the family--and hence, for the children of the future--will depend on what support systems the family demands and society takes responsibility for: support systems which will strengthen the family and allow it to continue to provide the nurturing climate for the growth of healthy children.

What kind of support systems must be developed for the family of the future to survive? These can be discussed in three categories: (1) family-to-family support systems; (2) family-to-social community support systems; and (3) family-to-work community support systems. Today's highly mobile family has lost the support provided by yesterday's extended family. This has left the small nuclear unit to fend for itself in meeting the daily demands placed on it. In family-to-family support systems, families band together with other families to share the burdens created by nuclear family isolation, and develop creative means of solving the problems of stress. Examples are: babysitting co-ops, parent hotlines, communal living arrangements, and a blending of roles and tasks in equal partnership. More and more of today's young families are taking these initiatives, and in the proper communities neighborhoods can become an extended family. There is a sense of trying to find togetherness as a means of survival.

Today's family is isolated in many respects, while being less self-sufficient than ever before. It is highly dependent on the social and economic community around it for its existence and growth. Family-to-social community support systems are those which contribute to the workings of the family. Schools, churches, health facilities, government services, etc., are examples. Today's family needs these systems to recognize the current plight of family life, patterns, and structure, and to respond to these needs.

We cannot afford for our families to be ignorant of what parenthood is, demands, and requires. Education for parenthood must begin at an early age and continue to adulthood. Schools, colleges, and churches must play their part. Adult education programs should be offered. Parenting programs and parenting groups for new families ought to be available and encouraged. The social community must bear the responsibility for providing the opportunities for activity, counsel, resources, and sharing, through increased development of community centers that speak to the family of today. They need community centers in schools, churches, and neighborhoods that provide extended life activities beyond home and job and offer both social activity for children and adults and emergency assistance to families in crisis. The issue of substitute child care--meaningful and appropriate child care--must be faced squarely. The federal government's pronouncements and actions in this area during the past ten years point to the crossroads we are at and the dilemma we are facing. Women with children are working in record numbers. Substitute child care is a problem faced by all families where the parents (or the single parent) works. It is still largely an individual struggle for each family to work out a child care arrangement. The United States, more than any other industrialized nation, still has not come to grips with this situation. The result is hit-or-miss child care plans: constant changes for children; the ever-increasing numbers of "latch-key" children, left to fend for themselves between the end of the school day and the much later end of the work day; and children neglected and/or abused in the child care setting. We must begin to ask certain questions more seriously and come up with some answers. For instance:

1. How are children between ages 4-14 to be cared for between 3 p.m. and 6 p.m. daily?
2. How long should the school day be?
3. Should schooling be utilized as both an educational and a child care experience?
4. What kind of supplemental programs do we need to cover the present gap in services?
5. What should be the program content for such supplemental programs?
6. What are to be society's and families' standards for such programs?
7. How should child care programs be financed?

Answering these questions is the first order of business in preparing the way for stronger family life in the future. Certainly, child care outside the home has become a major enterprise in the last decade. The problem is--as the latest federal attempt at "reforming" the tax laws for the deduction of child care expenses indicates--American society has not yet come to grips with the fact that substitute/alternative child day care arrangements are the necessary order of the day, and not a threat to the continued well-being of family structure and way of life.

Finally, the family-to-work community support systems will play an important role in the future direction of family life. The structure, time, and orientation of work has revolved around the traditional family structure. Although women with families have flooded the labor market during the last decade, the work sector has resisted most attempts aimed at changing the outmoded premises on which it operates. The family of the future may depend heavily on the public and private economic community's willingness to recognize its role in the strengthening of the family and to begin to respond accordingly. What can the working community do? There are certainly many alternatives, ideas, and programs with which to experiment. These are a few examples:

1. Take leadership in the day care area, particularly for very young children. Day care centers attached to large enterprises, factories, manufacturing plants, etc. can most easily develop programs so that a parent can bring his or her child to a child care center at the work location, see the child at lunch time, know that the child is well-cared for, and be able to take the child directly home after work. Possibilities for after school activities programs also should be considered;
2. Respond to the problems of the working parents by encouraging more flexible work schedules with respect to daily hours, number of days per week, holiday and vacation schedules, etc., so that obstacles to maintaining a stable family life can be reduced and stress (about problems faced in this area) can be minimized;
3. Recognize the serious consequences for families being constantly uprooted by transfers, promotions, and job opportunities, and realize that the more quickly a family becomes integrated into the social community, the more stable and productive the employee is going to be. Businesses, government agencies, and corporations can ease the trauma of a family's move to a new and unknown community by providing assistance before and after a move. How? By offering resources, information, and helpful hints regarding schools, churches, shopping, recreational facilities, health care, etc.; by being honest about the problems families might face in the new community; by offering social events, get-togethers where families can get to know one another; and by utilizing the Welcome Wagon or Big Brother concepts to offer a supportive arm in assisting families establish themselves; and
4. Stop penalizing working women for becoming pregnant, bearing children, taking time for physical and emotional recovery from having a child, and taking time to become acquainted with their child and with being a parent. Women should be rewarded for these efforts rather than punished, if society is serious about wanting to continue to procreate and maintain the nuclear family structure as the foundation for the healthy upbringing of its children.

These are just some of the possible means by which society can develop support systems to strengthen its families. To do so, however, certainly will require the full commitment of the professional community which works with families and children to act as constant advocates for the changes that are needed and to point to directions for change. Those of us who have seen the disastrous effects of the breakdown of family life in our work with abused and neglected children know all too well the consequences of continuing this pattern. As we daily try to rehabilitate individual families with our Band-aid approach, we must also keep in mind the larger picture, and focus some of our energies in the advocacy arena for all our children and families. Only by nurturing the positive aspects of families and bolstering them with support systems which make sense in today's world will we make a dent in the overall societal problem of child neglect and abuse.

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Family Change and Child Abuse

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There is widespread agreement among scholars in the field that the American family is a changing institution (e.g., Clayton, 1975; Nye and Berardo, 1973). For example, the average number of children per nuclear family has decreased dramatically over the years, while at the same time a relatively greater emphasis has been placed on the social-emotional functions of the home, when compared to traditional economic and educational tasks. Since physical child abuse--which is the problem this paper addresses--usually occurs within the home (Gil, 1970), it seems reasonable to explore the possible impact family change might have on the mistreatment of children.

Since the issue of family change is so complex, involving both outside pressures as well as naturally occurring events common to the life cycle of all families, any attempt to understand possible relationships between such change and child abuse is, necessarily, somewhat speculative in nature. Indeed, at least three major issues will slow our progress in this area. At the outset, it is clear that evolution in family structure may increase, decrease, or simply have no influence on the probability that an abusive event will occur. In addition, it seems reasonable to assume that changes in family form or function may impact on punitive childrearing only indirectly, or in combination with other factors. For example, in general it is assumed that decreasing parental support from extended families may increase the risk of abuse; however, relatives who approve of severe punishment may add to the problem. Thus, not only must we locate areas of family change which affect abuse, but we must also specify the other social processes which help explain any such relationships.

Finally, in order to clarify how evolution in the family influences parental behaviors, we will need to examine how rapidly changing life circumstances in general influence human performance. That is, the evolution of the family is only one of many varying situations with which a parent must cope. The stress produced by too many events changing too quickly may have similar effects whether the changes involve family relationships or not.

When faced with enormously complex phenomena, the usual practice of the social scientist is to simplify the situation, often much to the distraction or disbelief of those faced with the demanding role thrust upon them as clinicians. However, simplification is a tried method for reconstructing reality so that at least a rudimentary understanding of complex events can develop. Therefore, rather than speculate too quickly on the broadest issues, I will take the last problem first and examine what we know about the association between rapid life change in general and child abuse. Within the context of available data, particular life change events will be related to roles and structures in the family. The final step in the process will be to explore how other factors basic to human behavior might combine with family change to produce an abusive event.

LIFE CHANGE AND CHILD ABUSE

Results from two studies are available which directly examine the association between life change (life crisis) and child abuse (Conger, Burgess and Barrett, 1977; Justice and Duncan, 1976). Both of these research projects used the Social Readjustment Rating Scale, developed by Holmes and Rahe, to measure life change (Holmes and Rahe, 1967). Table 1 shows that questions in the scale are weighed by event, going from eleven life change units (LCU) for a minor violation of the law to one hundred LCU for the death of a spouse. Previous research has shown that the questionnaire is predictive not only of ill health or physical injury but also of behavioral performance deficits (Rahe, Biersner, Ryman and Arthur, 1972).

In their recent study, Justice and Duncan (1976) have suggested that most major theories of child abuse place a strong emphasis on stressful events experienced by parents. Stress, according to those theories, is seen as a cumulation of aversive experiences, e.g., job loss or marital problems, which occur more frequently in abusive homes than others. As an alternative to this view, Justice and Duncan conceive of stress as "a situation which requires adaptation or coping behavior by the affected person, whether that situation is experienced as pleasant or unpleasant" (p. 112). Thus, the emphasis for these authors is not necessarily stress in a punitive sense, but rather changes which occur so rapidly in the life of an individual that major efforts are required to cope with them.

Table 1

LIFE CHANGE ITEMS IN THE SCHEDULE OF RECENT EXPERIENCE

No.		Life Change Unit Value
1.	Marriage	50
2.	Troubles with boss	23
3.	Detention in jail or other institution	63
4.	Death of spouse	100
5.	Major change in sleeping habits	16
6.	Death of a close family member	63
7.	Major change in eating habits	15
8.	Foreclosure on a mortgage or loan	30
9.	Revision of personal habits	24
10.	Death of a close friend	37
11.	Minor violations of the law	11
12.	Outstanding personal achievement	28
13.	Pregnancy	40
14.	Change in health of family member	44
15.	Sexual difficulties	39
16.	Trouble with in-laws	29
17.	Change in number of family get-togethers	15
18.	Change in financial state	38
19.	Gain of new family member	39
20.	Change in residence	20
21.	Son or daughter leaving home	29
22.	Marital separation	65
23.	Change in church activities	19
24.	Marital reconciliation	45
25.	Fired at work	47
26.	Divorce	73
27.	Change to different line of work	36
28.	Change in number of arguments with spouse	35
29.	Change in responsibilities at work	29
30.	Begin or stop work outside of home	26
31.	Change in work hours or conditions	20
32.	Change in recreation	19
33.	Mortgage over $10,000	31
34.	Mortgage or loan less than $10,000	17
35.	Personal injury or illness	53
36.	Business readjustment	39
37.	Change in social activities	18
38.	Change in living conditions	25
39.	Retirement from work	45
40.	Vacation	13
41.	Change in schools	20
42.	Begin or end school	26

As Table 1 shows, both welcome events, e.g., item 25 "outstanding personal achievement," as well as unhappy situations, e.g., item 3 "jail term," are included on the Social Readjustment Rating Scale. According to Justice and Duncan (1976), the more rapidly life change occurs, the greater are the number of adaptations a parent must make. When required coping responses become too great, there is a loss of personal control and the chance of an abusive act increases. In this first study, scores for life change computed for 35 abusive parents and 35 matched controls showed a mean of 233.63 LCU for the first group, and a mean of 123.62 LCU for controls (p<.001). On the average, the abuse parents were experiencing moderate life crisis during the year before the abusive incident, while the controls were not.

From their results, Justice and Duncan conclude that rapid life change, whether aversive or not, contributes to child abuse. However, they do not feel that changing life circumstances are directly related to abuse, but rather, that life "crisis...does appear to be an important predisposing factor..." (p. 112). Moreover, given our society's demonstrated trend toward "greater change in less time," the study of life change influences on childrearing becomes particularly important. We will return to another finding of this study later when changes in family roles are discussed.

The second study of life change and child abuse was done by my colleagues and me as part of a child abuse and neglect research project in Central Pennsylvania (Conger et al, 1977). Using the same scale as Justice and Duncan, we found a mean life change score of 340.2 LCU for an initial 18 abuse parents which contrasts with an average of 244.4 LCU for a set of 20 matched controls (p<.025). The probable cause for our higher scores compared to the earlier work is the method of computation. We cumulated life change units back from the date of the abuse event for three years, while a one year time frame was employed by Justice and Duncan.

LIFE CHANGE AND FAMILY STRUCTURE

These studies are quite consistent in their findings. In some fashion, rapidly changing life circumstances apparently create conditions amenable to child abuse. The question remains, how might we relate these findings to specific changes in families? Two aspects of change in families have been suggested as important. First, we have been asked to consider family structural change and then changes in role relationships. The two, of course, are closely related. For example, a change in structure from a two-parent to a one-parent family has tremendous impact on family roles since, in most cases, the single mother must now assume a substantial number of the responsibilities usually expected of the father. Given the extreme interdependence of role and structure, then, the focus here will be on changing social roles.

Social roles are essentially expectations or rules about what one ought to do when occupying a certain position located in a social network. For example, mothers and fathers traditionally have been expected, within broad limits, to engage in activities special to their roles. Equally important, however, are the expectations an individual develops about how he or she should be treated once ensconced in a particular role. These expectations, although enjoying great consensus, are variable and must develop through a process of learning. In fact, "expectation," as used here, is not intended to imply a mental state. Rather, it is used as a short-hand descriptor of the learning history unique to a given individual. Learning experiences can be direct or vicarious, i.e., by observing others.

When one assumes that occupying a position holds certain privileges, then what Homans (1974) calls "distributive justice" is maintained only when particular rewards are forthcoming to those holding a certain role. Once our inputs, e.g., assuming a particular role, fail to garner what we feel are just outcomes, we will experience an emotional reaction. Gelles (1974) has illustrated the idea in his description of a birthday party in a family where the husband had beaten his wife. At the party, the wife offered the first piece of cake to a guest. The husband, having learned that a husband ought always to be served first, stomped out of the house enraged. Equity failed, but as always justice is, to a large extent, in the eye of the beholder.

The importance of this discourse on role expectations and justice lies in the emotional reaction which many have when their expectations are not realized. Current trends suggest that almost one in every two marriages will end in divorce (Hetherington, Cox, and Cox, 1977). This finding implies that many role expectations, e.g., those assuming a unified, suburban family with strong parent figures, will increasingly fail to be met. Moreover, the trend toward larger numbers of working wives, many times from economic necessity, means that many women desiring to stay home as part of their mother role will not. In addition, some working wives will achieve more occupational prestige than their husbands, contrary to traditional norms. Indeed, Gelles (1974) has found that such a reversal of expectations contributes to violence between spouses which, in turn, correlates with child abuse.

Thus, as more women work and as the single-parent family becomes more common, at least for some period of time in the life cycle of most families, traditional role expectations may increasingly fail to hold and a great deal of emotional behavior may result. Importantly, aggression is not the only reaction which emotionally charged situations may produce. For example, many upset people may simply withdraw quietly from irritating situations. We will have to ask eventually what produces such differential responding.

Certain individual items on the Social Readjustment Rating Scale help tap a dimension of failure in role expectations. For example, Justice and Duncan found that "sex difficulties," i.e., problems in meeting marital role expectations, were more prevalent among abuse than control families. We also found the same result in the Pennsylvania study. Additionally, we found evidence that men in control families were more likely than abuse fathers to experience changes consistent with our traditional views of the male role. For example, control fathers were more likely to report important personal achievements, school completion or job advancement than their abusive counterparts. On the other hand, abuse fathers were more likely to experience changes inconsistent with the male role. For example, they reported a higher incidence of illness and trouble with the law. Moreover, abusive families were more likely to report major changes which may require dramatic shifts in role responsibilities, e.g., health problems, death of a family member, a son or daughter leaving home, or pregnancy. It is interesting to note that Gelles (1974) found a dramatic relationship between this last item, pregnancy, and family violence.

To outline the argument thus far, it has been suggested that failure to meet role expectations may lead to feelings of unjust treatment and emotional behavior. Some items on the Social Readjustment Rating Scale are consistent with this thesis since abusive families appear to experience more failure in this area than controls. Thus, unlike Justice and Duncan (1976), our hypothesis is not that change alone causes problems, but rather that particular sorts of change upset family equilibrium by disturbing the role expectations which parents have come to assume as just. Further, the increasing divorce rate, combined with the rapidly developing opportunities for women, suggests that traditional role expectations are increasingly more likely to fail to be realized. Thus, until or unless our expectations of family roles change, we are likely to see a great deal of emotion generated by these factors. The argument thus far is too simple since all that has been done is to restate the frustration-aggression hypothesis which itself has proven to be an unreliable predictor of violence. To say that people may get angry when deprived gives little information about what form their anger will take.

LIFE CHANGE AND SOCIAL LEARNING

Indeed, Bandura (1973) has pointed out that feelings of injustice alone will not produce aggression unless violent response has been learned as an appropriate behavior when one is frustrated. In order to test this notion with abuse parents, we dichotomized both them and the control group into those with either mild or no life crisis and those with moderate or severe life crisis. In addition, both groups are divided into two other categories: (1) those who agree that either they were or a sibling was severely punished as a child and (2) those who disagreed with the same question.

Table 2

LIFE CRISIS BY PUNISHMENT AS A CHILD FOR ABUSIVE AND CONTROL PARENTS (IN PERCENT)

		ABUSE				CONTROL		
		Life Crisis				Life Crisis		
		Mild or None	Moderate or Severe			Mild or None	Moderate or Severe	
Severe Childhood Punishment	Agree	6	41	47	Agree	6	0	6
	Disagree	24	29	53	Disagree	39	55	94
		30	70	100		45	55	100
		n = 17				n = 18		

As Table 2 shows, not one control parent who was experiencing moderate or severe life crisis also reported severe punishment as a child. On the other hand, almost one-half of the abuse parents report they were exposed to severe punishment as children and are currently undergoing moderate or severe life crisis. It appears, then, that when severe punishment of children has been modeled for a parent, possibly under conditions of life stress, current life change will produce similar behavior in the parent. Thus, life stress apparently interacts with early learning to increase the chance of an abuse incident.

CONCLUSIONS

Certainly, this paper is speculative. But the chain of reasoning seems logical enough in light of current information. If a parent has learned to react violently under conditions of stress, that violence may be directed toward a child, especially if one's own parents were more likely to abuse during periods of rapid change. Moreover, such learning can occur not only if one is directly abused but also if stress-produced aggressivity is observed.

One source of stress is found in changing family relationships where the failure to meet role expectations of the parents may produce conditions viewed as unjust or inequitable with attendant emotional reactions. Finally, as marital stability decreases and women continue to challenge the traditional roles of males and females, whether through conscious effort or economic necessity, there should be increasing numbers of men and women who see their learned expectations for family role relationships seriously violated.

Fortunately, expectations can and will change. There seems little doubt that economic opportunities for women will increase, prompting major modifications in our beliefs about what family members should do. As Homans (1974) has said, what is done becomes what ought to be done, and as the interactions between men, women and children change so will our expectations for the roles they occupy. In the meantime, efforts to teach reactions to stress which are nonviolent in nature appear important not only for the prevention of child abuse but also as a means for decreasing the generally high rate of interpersonal aggression we experience in this country.

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Changing Family Roles and Structures: Where Can a Parent Find Support?

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We have been asked to draw together our various views about changing family roles and structures, and discuss whether or not this multiplicity of changes will have an impact on the current status of child abuse and neglect in our country. I address my comments to the following areas: the changing family roles; the changing family structure; and the problems inherent in a family where the parent or parents are isolated socially, have poor self-concepts, and have unrealistic expectations of the children in their households. Often, overlaid on this family is the uncertainty of adolescence, poverty, migration, prison, unemployment, and underemployment.

I believe that the role of the family has changed little during the generations within our memory. The role of the family, as I see it, is the provision of intimacy for adults and the time and space for that to occur, emotionally and sexually. For the children, the family serves as a place of learning about what it means to be an adult in our culture and in the child's particular subculture. Ideally this period of socialization should provide protection, be safe, and reinforce the accepted mores of the society. Not all families or children are lucky enough to have such a positive family setting in which to flourish. It is a basic human need to be admired, respected, loved and cared for, and to give the same in return. Our job is to address the issues that make it impossible for families to become the kind of families they would like to be--without violence, abuse, derision, and fear.

Roles within the family are changing radically. Fathers are expected to be more nurturant--to have a greater role in childrearing. Mothers constitute an ever greater proportion of the work force. In 1972, 12.7 million of the 33 million women in the labor force had children under 18 years old. Women are economic providers for their families, while in some families the parent roles of nurturance and financial support are merging. In single parent households, one parent must fulfill all the parental functions at home and at work.

The once common extended family, with grandparents, aunts, uncles, cousins, and siblings living in close proximity, has now been separated by distance, primarily geographical, but sometimes emotional as well. The ready-made supports or "life-lines," necessary during the natural crises of life, are often no longer available during "rites de passage" (puberty, marriage, birthing, divorce, death, disability). Financially, people may have more resources than ever. There are the insurance programs, employee benefits, social security, public assistance and other benefit programs, but these programs do not take the place of necessary emotional support. So other solutions, providing "life-lines" for families at these times of "natural crises," must be innovatively created. This is our challenge.

My major concern is that our social policies enhance the breakdown of the family, rather than strengthen it. In the past, Aid to Families with Dependent Children (AFDC) was called Aid to Dependent Children (ADC) and for families to be eligible the father could not live at home. Thus fathers left their homes so that their families would not starve. Currently, in two-parent households the average income is $12,000 yearly, whether or not both parents are employed. In a single parent household headed by a male, the average annual income is $9,000, while in a single parent household headed by a woman with one child, the average annual income is $3,021. Living in poverty is being a woman with one child. In a country that has the resources that we do, this issue must be addressed.

We have many answers on this panel and the audience has many also. However, the difficult part is implementing them. How do we get the resources redirected so a new orientation can be facilitated? We need to provide "automatic" life-lines at times of natural crises.

A young woman delivered a baby in a hospital in New York City and returned to her bleak apartment. Later, she left the apartment to go shopping and the baby was eaten by a dog. It became very apparent, upon investigation, that this woman had no life-lines and no supports, and no one anywhere along the process of birthing asked her if she needed anything or if there was someone to help her after the birth of the baby. That does not seem so difficult at the time of a natural crisis: to ask if the person needs help. But, it is something that we do not commonly do. So the time has come to recognize that birthing is definitely a crisis time for many women as well as most families. Thus, it is a time for intervention.

In San Antonio we are trying to do something about this problem of unaided new parents. In February of 1977 I had the pleasure of being a member of a small group that created the Teenage Parent Network. Usually teenage parents, particularly the girls, are reached in school if they remain in school, but once the baby is born most services cease.

The Teenage Parent Network is a support system. We are assisting adolescents in the transition to parenthood by connecting them to appropriate community agencies. By modeling interpersonal exchange via a three-way telephone hookup system, and with home visits and office interviews, the Network broker can show the parent how to ask for and receive assistance. Careful documentation of each client contact will locate these young families and identify their specific needs, whether they be in the area of housing, health care, vocational training, or counseling. Additionally, we envision promoting a network of professionals who work with adolescents and encouraging them to exchange information and share expertise. Why? Because just at the time when a teenager delivers a baby, most of the available programs are pulled out from under her. In San Antonio, we are attempting to help create an independent person who can obtain what is needed for her and her family (particularly when she does not have her parents or the father of the baby as supports). We believe this Network will enhance her ability to function as an adult. During the second year of our program, we will begin a competency-based curriculum (based on high school educational programs developed in Oregon) called "survival courses." They will teach adolescent parents how to use a checking account, complete a job application, select an apartment, understand loans, take out a mortgage, etc.

Prenatal screening is another important area. We know (from the work done by Kempe in Denver and Helfer in Michigan) of ways to identify parents who might have poor parenting skills and poor parent-child relationships. Automatic means for intervention—helping a family before a newborn is injured--is essential. Along with the two previous ideas is the need for preparation-for-parenthood courses. The Exploring Childhood program, sponsored by the Department of Education, is a fine example. But it is only a beginning for a small proportion of our youth who are learning the ways of child care, child growth, and development and parenting skills while on the job in day care centers affiliated with the high school. These parenting courses should be available not only for the young and first-time parent, but to the experienced parent who has not adequately handled rearing a "special" child and to parents who have not been able to accept that age-appropriate behavior differs from child to child.

Child care is crucial. As a nation, we have not resolved our ambivalent attitudes; yet families and children need good quality and safe child care (nonpunitive) during work time and after school. Use of flexible work hours, as well as use of the work place for day care centers and after-school programs are additional approaches to solving the problems of leaving children unattended for hours on end.

Some businesses are beginning to allow paternity leaves for a birth in the family, and it is becoming more acceptable to have fathers in the delivery room. The emerging role of fathers as child-caretakers needs more attention. This implies being allowed to leave the work place, without penalty, to attend to family responsibilities. Another approach is to make certain that young people have access to a job and vocational training as they graduate from high school. This is crucial in cases where young people intend to go to college and their financial support changes (due to death or disability of parents or family). Thus they have a difficult time in finishing their education and yet do not have the training to support themselves or a family.

There are ill-defined problems inherent in the relationship between child abuse and drug abuse. All too often we pretend not to recognize the problems of drug abuse, especially those of alcoholism—alcoholism on the job, the problems of the troubled employee, and the direct relationship of alcoholism and the potential for child abuse. However, when employers have been willing to address the problems of the troubled employee with Employee Assistance Programs, there has been a financial return to the business in increased efficiency, less absenteeism, less on-the-job injury and increased work performance.

Books developed to orient people to services in their cities are available. In Chicago, they have a *"Peoples Yellow Pages,"* while in Philadelphia they have *"A Philadelphia for Children."* These books, available to the public, allow people to learn about their community and the available services. They include social service programs, activities, free programs, craft centers, health programs, legal services, etc.

As a final suggestion, I propose a program that hopefully will have far-reaching effects by creating a more realistic and serviceable financial security for individuals in our country. If we gave $1,000 to every family at the time they had a newborn, placed in trust for the child and available to the family only at the time of disability or 50 years later (as what we call now social security), that $1,000 at 9 percent would provide $75,000. If it was $2,500, at 9 percent, that individual would have $185,000 at the end of 50 years. The $199 a month for an elderly person that we often hear about would be replaced by substantial dollars. Not $86 a month for a woman and her one child on AFDC in Texas, but real dollars: to live on, to share with one's family, or to inherit. It is an exciting idea to know that a small amount of money could grow so large, that a family in times of crisis, disability, or need, could actually use the trust. Thus, money-poor families would not continue to be the exploited families and the high-risk families in our country.

"Just a Housewife," or The High Cost of Isolation and Devaluation: What's the Bottom Line for the Child in the Family?

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As a counselor to women ranging in age from 24-60, I repeatedly encounter the discouraged homemaker/mother who feels seriously devalued in her role. Obtaining a "paying job" often symbolizes the attainment of some self worth, despite the fact that fully 2/3 of all working women have pink collar jobs which yield little money, satisfaction, or status. Her feelings of inadequacy are reinforced by the mixed messages she receives from other women, men, the media, and her daily milieu.

As the key figure in the "nuclear family", she is frequently trying to be an effective parent while coping with her own frustration and confusion. In a highly mobile society, she is often new in town, new in the neighborhood, and far away from family and familiar friends. She has few resources to turn to when she is fed up with the constant demands of small children and can't afford or can't find babysitting relief. Not surprisingly, she also may feel intensely guilty about her desires to escape to "some other kind of life." The bottom line for the child in that family may well be neglect or abuse.

The runaway success of Marabel Morgan's book, *The Total Woman*, a manual for manipulative behavior, is a dramatic alarm bell. Its surface attempt to deal with complex human needs is widely embraced. Why? Because thoughtful, experienced, articulate women and men are not bothering to offer any usable guidance to the great numbers of women threatened by ERA, the putdown of home and family, escalating divorce rates and the deceptive choices they are supposed to have in choosing a life style. Thus, it is no surprise that the "Total Woman" philosophy rushes into the vacuum with pat tricks and saccharine solutions.

Amitai Etzioni employs three concepts useful to our discussion: societal bonds, or the glue that holds society together; societal structures such as family, school, government; and societal processes, which refers to the ways in which the bonds and the structures can be changed. Clearly, the responsiveness of the processes will determine the fate of the first two. Therefore, I would like to begin to identify the ways a social network can be developed to provide a nurturing base for each child, each coping mother and father.

There are three main categories of possible action:

1. Educated, concerned, and articulate women must make a large niche in the feminist movement for the homemaker/mother. The professional woman must become the advocate, not the patronizer, if homemaking and the nurture of the next generation are to be considered a legitimate career choice.
2. Fee for service is a well recognized feature of American life. The woman who works at home deserves her share of the economic pie. To have the same minimum economic security other workers demand and receive, coverage by social security, pension plans such as Individual Retirement Accounts already approved by IRS, and health and disability insurance through a group designation (homemakers are a large insurable group) are essential. Divorce or widowhood is difficult enough to bear without the burden of finding that the homemaker/mother has no benefits in her own name.
3. Let all interested social, professional, and civic workers serve as facilitators and organizers helping homemaker/mothers form cooperatives for child care, protection, companionship, and emotional support. Self help groups such as Alcoholics Anonymous have demonstrated their effectiveness. Saul Alinsky demonstrated the power in neighborhood organization many years ago. These can be the preventive actions: the development of helping networks, by building, by block, and by neighborhood, to include the lonely, frustrated, despairing parents who cannot give their children a decent chance unless they experience some security for themselves.

Home Free: A Look at the MOTHERS Organization

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Needing help is legitimate. Motherhood is a profound crisis for which we are not adequately prepared. Although manuals and guides for "effective parenting" and baby-care fill the bookshelves, and many valuable how-to-parent groups have sprung up, they all place the emphasis on the child. There is very little information on the growth and development of mothers. Women themselves have only recently been aware that while the child is going through his stages of development (e.g., Terrible Two's, Naughty Nine's) his mother is developing and changing simultaneously. That at any given time one's life incorporates both internal and external aspects, in constant flux.

> The external system is composed of our membership in the culture: our job, social class, family, and social roles, how we present ourselves to and participate in the world. The interior realm concerns the meaning this participation has for us (Sheehy, 1976).

The Women's Movement, long neglectful of the homemaker, is now realizing that a civil rights program for the professional woman alone is not sufficient for liberation. The homemaker must be included as a vital part of the Movement, as it is at this 'grass roots' level that attitudes are molded and/or changed. Increasingly, feminists are writing of their experiences as mothers. They are joining the ranks of mothers in reaffirming the sublime nature of motherhood, but not at the expense of themselves as whole persons.

THE MOTHERS ORGANIZATION

MOTHERS was formed in August, 1976, in Austin, Texas. It now involves 300 mothers in the Austin area. MOTHERS was formed as a support group for the self-aware, thinking mother. MOTHERS also has a political thrust in that we believe that the future of women can be regarded in a hopeful light only if a new definition of the homemaker is adopted. Until women stop being suspicious of each other and learn to talk honestly about themselves—first in groups such as MOTHERS, then in unity--we will not make any headway in the task of reconceptualizing motherhood.

What is it about motherhood that needs rethinking?

1. The role of what Jessie Bernard calls "Motherwork" in the larger economy.
2. Society's conflicting attitudes towards the institution, i.e., the hope that "the earth will turn into paradise if mothers will only produce a generation of satisfied individuals--orally-anally-genitally" (McBride), which contradicts the equally prevalent attitude that mothering is an unskilled profession, unproductive, with no tangible evidence of achievement.

A SUPPORT NETWORK

In forming MOTHERS we felt we were dealing with a Catch-22 situation. We had heard phrases like "isolated housewife" and "housebound" and that familiar phrase, "I'll ask my husband". And here we are attempting to lure the mother out of her home to spend an evening dedicated to her own independent intellectual and psychological growth. Could we possibly succeed?

We decided that the woman who needed a service like this was middle-class, educated and had probably left a high-esteem job or career in favor of child-rearing—at least for five or six years. She would not be prepared for the incredible adjustment from her previous role as earner to one as dependent, from concern with pursuing self-interests to concentrating solely on the welfare of another human being. Yet she would be a woman who would understand intellectually that these adjustments and changes in her lifestyle were inevitable. Mothers who were not willing to settle down and repeat the feared pattern of boredom and frustration would need a group that expressed their own values and goals and provided an appropriate setting for them to verbalize their concerns.

One attitude that women grow up with is that financial stability goes along with being a perfectly coping mother. But many experts indicate that abuse and neglect of children in middle and upper class homes occurs at least as frequently as in lower income families. It is widely assumed, however, that because these acts are not reported or are dealt with privately, nothing can be done about them. MOTHERS cannot claim to prevent child abuse, but we do offer a preventive support system to the middle-class housewife.

OBJECTIVES OF THE ORGANIZATION

1. MOTHERS provides a forum for discussion of common concerns related to the psychological and creative growth of the woman with children.
2. MOTHERS provides a support group particularly for women who have made a conscious decision to be at home and who have definite goals towards achieving success as a mother and as a person.
3. MOTHERS places a high priority on home life and is dedicated to raising the status of motherhood in a realistic way, by challenging the myths of that institution.
4. MOTHERS believes in maintaining contact with current issues. This will be reflected by the variety of topics and invited speakers.
5. MOTHERS, as a group with special interests and special representation, will monitor and react to public affairs affecting its interests or those of its children, and take initiatives by proposal and majority vote of members.
6. MOTHERS supports the idea that motherhood is not necessarily appropriate for all women and that being a mother is a matter of choice—not destiny.

LONG-RANGE PLANS

a) MOTHERS Centers.

For many mothers, the physical environment consists of their lonely and isolated homes, their cars and impersonal shopping malls. Opportunities for meaningful social interaction at an adult level are sorely missing. Superlative day-care nurseries in combination with parks, meeting rooms and shopping facilities could re-create the "village well" in modern suburbia. The concept of a facility which is geared to the needs of the mother and her children is unique, and we feel, long overdue.

b) Studying the well-functioning mother.

What are the critical differences between a coping and non-coping mother? The MOTHERS organization took this question and the idea of a questionnaire whose content would be based on the thoughts and experiences expressed by the members of the group to Dr. Mary Teague of the University of Colorado. Under her professional guidance we developed the initial stages of a questionnaire designed to study the attitudes of the coping mother.

The questionnaire is experiential in nature. We realize that attempting to systematize something as variable as the human personality is no easy task. However, it is our belief that this questionnaire, when fully developed, will at least provide a starting point for the study of the well-functioning mother.

Taking a cue from Maslow, through observation, interaction, and questionnaires like this, MOTHERS hopes to develop instruments that define and characterize the coping mother. This body of women and such knowledge as is developed could well serve as a role-model and a normative model for professional action with regard to non-coping mothers.

APPENDIX: THE COPING MOTHERS QUESTIONNAIRE

Your Age: ______________________________

How many children: ____________ Birthdate: _________________, ___________________,
______________________, ______________________, _______________, _______________,

Your Education level: ________________________(Highest grade or Degree)

Income of family: (Check one)
1 - 10,000
10 - 20,000
20 - 30,000
30 - 40,000
above - 50,000

Are you employed outside the home at present ____________

full-time ________
part-time ________

Married Divorced Single Widowed

If married, how long ______________________________

Have you ever sought help from a social agency for you or your family ____________________

Have you ever had counseling from a professional in private practice ____________________

1. I have felt generally happy and content with my life as a whole since I became a mother.
2. When my child(ren) make(s) too many demands on me I feel helpless and unable to deal with the situation.
3. My mother was comfortable and content with being a mother.
4. Since I became a mother I feel guilty about taking much time to do things for myself.
5. I feel isolated from the outside world most of the time.
6. I feel "in control" most of the time with the child(ren).
7. I have close friends I can talk to when I am feeling low or upset.
8. Much of the time I feel that situations in my life control me rather than that I control them.
9. My husband is very understanding and supportive when I am unable to cope (do not answer if you do not have a husband).
10. I feel that I (rather than my husband) have most of the responsibility for caring for and spending time with my child(ren).
11. I was very fearful of becoming a mother because I thought I would not be a good mother.
12. I have given up most of my interests and aspirations and feel that I will not ever be able to get back to them.
13. I had a larger part than my husband in the decision to have children.
14. There are people I trust (relatives or friends) who are available to take care of my child(ren) when I want to go out or to get away.
15. I wish that I had never had children.
16. I feel that I am as good a mother as I am anything else (such as career women, wife, musician, friend, etc.).
17. When I was growing up my mother and I were very close.
18. I tend to feel trapped since becoming a mother.
19. When I am feeling very frustrated with taking care of my child(ren), I cannot believe that things will get better or that the bad times will never end.
20. I believe that being a mother is the most important thing a woman can do.
21. I feel that I am not really handling my child(ren) the way I should.
22. I am involved in and get satisfaction from activities other than mothering.
23. I feel that I (rather than my husband) have most of the responsibility of disciplining my child(ren).
24. I generally base my mothering attitudes on someone I have known (including your own mother).

(Each question is scored on a five-point scale from "Extremely true" to "Extremely untrue").

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One Mother's Thoughts

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I am a mother. I feel very isolated; isolated from my husband sometimes; isolated from my friends who aren't married; isolated from friends who don't have children; from people who work outside the home; from all people outside my home.

I need to be around people from diversified backgrounds, backgrounds other than those of the plumber, the TV repairman, the mailman. I need people to talk to, like other mothers. I want to learn how other mothers think. I want positive, constructive conversation with other mothers. I want more than just an outlet to complain, but I need that, too.

I need to talk to other mothers about how motherhood has affected them as people. I need this so I won't feel so alone. I need new and stimulating relationships with women and with men, too.

I want to know what other people are doing with their lives. I have a low self-concept. I don't feel that my job is seen as important. I need help in mothering. Often I don't know the answers. No one ever taught me how to be an effective parent.

I need to learn how to be selfish, to take time for myself, to do things that I want to do. This will help me to become a better partner for my husband. I want to explore what other husbands think about the responsibility of mothering. I know what my husband thinks about it—or I think I know what he thinks.

My relatives are so scattered throughout the country. They are so far away. I need their support, but how do I get it? Letters and long distance calls don't seem to bring them close enough to me.

I feel guilty about so many things: when I take time for myself, when I leave my children with my husband to go to a meeting at night, when I ask my husband for so much help with the children.

Sometimes I think I'm hurrying through these most precious years when my children are so young, so sweet, so innocent, so adorable. I want to appreciate this valuable time so very much, but I often find myself wishing it away.

I need support, I need understanding, I need respect from my husband, my children, my relatives, my friends, my neighbors, my "business associates", and others. I hope that some day when I have this support, understanding, and respect that I'll recognize it and finally feel with deep fulfillment and personal satisfaction that I am indeed a truly worthwhile person because I am a mother!

Cultural and Cross-Cultural Perspectives

The Significance of the Child's Cultural Milieu and Family Environment for his Mental Health and Development

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The critical importance of a family for the developing child is universally recognized. An infant could not survive without a nurturing parent. Family interactions of mother, father, and young child leave a deep indelible impression upon the child's personality. Down through the ages and across the many cultures of man, the family in some form or other is the most durable of our social institutions. Too often we take the family for granted because of its pervasive influence upon us. One only has to experience a disruption of the family or the loss of a loved one to realize its fundamental importance. Families differ markedly in life style, social interaction, cohesiveness, size, and the degree to which grandparents, aunts, uncles and others are thought of as part of the extended family.

Many families are in trouble today. Family patterns are changing in ways that spell trouble for the children of our society. The National Academy of Sciences has just published a major report aimed at establishing a new national policy for children and families. Among the disturbing statistical trends noted in this report are the following:

1. One out of every six children under the age of 18 now lives in a family with only one parent--double the percentage of single-parent families in 1950. In single-parent families, it is usually the father who is absent. The effect of father's absence depends largely upon why he is absent and the attitudes that remain after his departure. Children can develop normally in a single-parent home but it is often more difficult: there must be adequate alternative supervision of the child while the parent works, there must be adequate contact with the child when the parent is at home, and the absent parent should not be denigrated in the eyes of the child.
2. Adult family members are less available to children today than a generation ago. The number of working mothers with preschool children has tripled, while the proportion of working mothers with school-age children has doubled since 1950. More children than ever are left to fend for themselves. After school hours, the passive viewing of television has substituted for parent-child interaction in all too many homes.
3. The number of illegitimate births, mostly to teenage mothers, has increased sharply in the past 15 years. Today one out of every eight births is illegitimate. About 10 percent of American teenagers get pregnant and six percent give birth each year. The Alan Guttmacher Institute (1976) reports that more than half of the twenty-one million teenagers in the United States are sexually active. Of the 600,000 teenagers who gave birth in 1974, only 28 percent had conceived following marriage. Although fertility in general has declined since 1960, birth rates among young girls have actually risen. This epidemic of adolescent pregnancies contributes significantly to the number of infants and young children who receive inadequate care. U.S. teenage child-bearing rates are among the world's highest. The frequent lack of prenatal care and the fact that most of these mothers are very young produces an unusually high percentage of babies who are underweight and frail.
4. Child abuse, infanticide, teenage suicide, school dropouts, drug use and juvenile delinquency have increased concurrently with these other major social changes in the family. Youngsters growing up in low income families are at especially high risk of damage physically, intellectually, emotionally, and socially.

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5. The middle-income family of today in America increasingly resembles the low-income family of the early 1960's on most of these indices of social disorder. Quite clearly, the children of so-called traditional families are also in serious trouble to a higher degree than our society can tolerate.

What can be done about these alarming trends? The medical model of diagnosis and treatment by a professional specialist may be an appropriate way to cope with these problems which have clearly negative implications for the health of our nation, as well as the mental health of our children and families. A different approach that might be more appropriate is the public health model with its emphasis upon epidemiology, innoculation, and preventative measures. A third point of view is that of the educator, social planner, or policy maker who believes that social intervention aimed at eradicating the root causes of social disorder is the only long-term solution. Before examining these three points of view in more detail, let's look at what we mean by mental health and illness.

Severe mental illnesses, such as schizophrenia or depressive psychoses are only one aspect of mental health problems. Chronic alcoholism, drug addiction, social alienation, child abuse, crime and delinquency, some forms of interpersonal aggression, dehumanizing and degrading social practices, family disintegration, neurotic behavior, and a host of other common psychological and social problems are of even greater importance in a society that is searching for better ways to promote mental and emotional health for all of its people. Absence of mental illness is not synonymous with the presence of mental health. All of us are faced at some time in life with identity crises, severe emotional stress, frustration, and failure. At one time or another each of us desperately needs help. A mentally healthy person is one who not only has learned to cope with most life stresses but who also understands when help is needed.

While every culture has some way of coping with psychological and social problems, complex industrialized societies create for their members unusual stresses that require professionally trained people to provide a wide range of services to people in need of help. For each highly trained professional in the mental health field, a number of paraprofessionals, technicians, and volunteer workers are needed for services to be effective. Most professionals come from middle-class or upper-class backgrounds, creating particularly acute problems in services for the large number of relatively uneducated, lower-class families who desperately need help.

A child's cultural milieu and family environment have a more profound impact on mental health and illness than upon any other aspect of individual health and illness because of the interpersonal and behavioral nature of mental health. The medical model emphasizes the professional expert engaging in diagnosis and treatment of a mental illness. Here the clinical skills of the professional and his assistants are of paramount importance in providing effective services for an individual in need of help. In most cases, close attention must be paid to environment-behavior interactions within the family as well as in the cultural milieu in order for intervention to be effective. A second approach grows out of the preventative model championed by public health. Here the strategy is one of locating the focal points in society where high risk of emotional breakdown can be determined and developing social practices that are aimed at minimizing the degree of mental illness that occurs. Again, the primary focus is upon illness and the prevention of it. The third point of view, which has sometimes been called the positive mental health approach, emphasizes educational and social intervention on a large scale to overcome the cultural and environmental factors which prevent the full development of an individual's growth potential.

The community mental health movement, which has grown rapidly in the past fifteen years, places strong emphasis upon a combination of preventative public health measures and social intervention aimed at promoting greater mental health. Clinical services tend to be short-term, to provide crisis intervention. The professional devotes more of his time to preparing others such as parents and teachers to deal with problems themselves rather than offering to deal with the problems directly. Both the medical model and the community mental health model are valid approaches in dealing with the mental health of families and their children. Both also have serious limitations that are overlooked all too often. Let's examine the significance of the child's cultural milieu and family environment from each point of view.

Mental and emotional disorders of childhood have been a primary focus of research programs supported by the National Institute of Mental Health since its beginning nearly thirty years ago. Research support of child mental health by NIMH can be roughly divided into three nearly equal areas: (1) child mental illness, (2) learning disorders, and (3) social disturbances reflected in juvenile delinquency and child behavior disorders. Studies of childhood mental illness have concentrated primarily upon infantile autism, regressive psychosis in young children, and childhood schizophrenia which generally appears between the ages of ten and fifteen. All three of these illnesses are serious and exceedingly difficult to treat. A generation ago, it was widely believed that pathological behavior on the part of parents was primarily responsible for the development of severe mental illness in children. Research in the past twenty-five years has uncovered little if any scientific evidence to support this hypothesis. Nor is there any strong evidence that the child's cultural milieu plays an important role in the development of severe mental illness. While the mental health of the family may be seriously impaired by the presence of a psychotic child, it is unlikely that the child's illness is directly caused by the parent's behavior or social forces in the environment, except in extreme instances. Some of the most promising treatment methods are those in which parents are trained as therapists to cope with the child's inability to communicate normally or to develop normal social relationships. While the family may not be primarily at fault in most cases of childhood psychosis, recent research has demonstrated that even the severely psychotic child responds more normally when placed experimentally in a family with "normal" parents. Communication styles in some families appear to exacerbate psychopathological symptoms while communication styles in other families tend to normalize schizophrenic language and behavior. Clearly, some as yet unknown interaction between biological and genetic factors on the one hand and psychological and environmental factors on the other is responsible for the development of severe mental illnesses in children.

For child mental illness and some specific neurotic symptoms and related behavior problems, the medical model with its clinical emphasis upon diagnosis and treatment is still the preferred approach. At the same time, it should be recognized that the kind of treatment to be prescribed for such disorders inevitably involves family members or substitute caretakers in a much more profound way than they are characteristically involved when physical illnesses are present.

Learning disorders, the second major concern in child mental health, can lead to serious emotional and behavioral disturbances if they persist into late childhood and adolescence. Modern society places a heavy premium upon learning basic skills in school. Children with learning disorders represent the major single cause of school dropouts. Only occasionally is the medical model appropriate in coping with such disorders. Labelling a child as having a reading disability or minimal brain damage where no direct evidence of such a diagnosis is present can adversely affect the child's later psychological development. Most of the experiments involving special educational programs to deal with learning disabilities have demonstrated that the great majority of such disorders arise from failures within the cultural milieu and the family rather than genetic or neurological defects. As many as eighty percent of children with reading disabilities can be brought up to normal classroom levels if given special education during the first two grades of school. Early intervention with infants and preschool children has proven equally promising, provided certain general principles are carefully followed. In a recent review of large-scale experiments in the United States, Bronfenbrenner (1974) has formulated some principles of early intervention that are worth noting.

First and foremost among these principles is the development of family-centered intervention. The evidence to date indicates that the family is the most effective and economical means for fostering the development of the child. Active participation of family members is critical to the success of any intervention program. Ideally, intervention begins in preparation for parenthood and in providing an adequate cultural milieu for nourishment of the newborn infant. Large-scale parent-child development centers established as national experiments have clearly demonstrated the value of parental training in the first years of life, followed by preschool group experiences in which parent and child continue to work closely together. Highly significant results have been obtained not only for disadvantaged black minorities but also for middle-class white families, Spanish-speaking Mexican-Americans, and other ethnic groups. A closer look at the Parent-Child Development Center, a program for Spanish-speaking Mexican-American children in Houston, illustrates the way in which this type of educational-social intervention improves the mental health of children and their families.

In the Houston model program, social intervention consists of working closely with both the mother and father of very young children. Beginning when the child is 12 months old, frequent home visits by a bilingual worker introduce the mother to a number of techniques for intellectual stimulation of the child. The mother is coached in her communication with the child in order to promote cognitive and personality growth while maintaining strong affectional bonds between mother and child. Mothers and fathers meet regularly several times a month in the evening to discuss their family problems, to share their ideas and to seek advice. The family is dealt with as a whole and the techniques are carefully adapted to the cultural milieu in which the family lives. Consequently, the parents are uniformly enthusiastic.

When the child is two years old, mother and child attend a special nursery school four mornings a week where parent-child relations continue to be stressed at the same time that the child is introduced to social interactions with other children in a controlled, stimulating, but playful environment. Videotape recordings of mother-child interactions are played back for the mother so that she can see how she is facilitating or inhibiting desired behavior in the child. Periodic contacts with the family are maintained after the child is three years old in preparation for entering school.

A model program of this type incorporating all of the best techniques for earlier experiments is expensive, particularly when carried out as an experiment with a great deal of research and evaluation accompanying the program. Most of the essentials of such a preschool program, however, can be applied without a great financial investment by use of volunteers and the heavy involvement of parents. Still, one can rightly ask whether or not the benefits from such a model program are worth the costs. The final answers to this important question are not yet available. Nevertheless, early returns from evaluative research indicate the following important findings when the experimental families receiving the program are compared to similar families who do not participate:

1. As compared to controls, the program mothers grew significantly more affectionate, encouraged more child verbalization, showed more praise, and had children who were more verbally responsive.
2. Home observation scales revealed greater maternal involvement with the child, greater emotional and verbal responsivity of the mother, avoidance of restriction and punishment, and more provision of appropriate play materials on the part of the program mothers.
3. The experimental children maintained a nearly constant level of mental ability over time, as measured by the Bayley Scales and the Stanford-Binet, while the control children fell steadily behind the norm.

Reports on the effectiveness of similar programs elsewhere indicate that children of trained mothers have gained in both IQ and school achievement, compared to children growing up in comparable homes where the mothers do not receive training. The gains resulting from such "home intervention" programs are largest and most likely to endure when substantial changes occur in the environment of the child as well as in the quality of the mother-child interaction. When adequate health care, nutrition, housing, and general support of the family as a child-rearing system are not provided, the gains tend to fade once the intervention program is discontinued.

While there is certainly room for the medical model of diagnosis and treatment to be useful in dealing with learning disorders, large-scale preventative programs are far more effective for improving the mental health of the population as a whole.

Juvenile delinquency and antisocial behavior disorders constitute the third broad category of concern in the field of child mental health. Antisocial behavior disturbance is the most common childhood psychiatric disorder. Indeed, its prevalence is sufficiently widespread and its causes so complex that many experts would challenge the idea that such disturbances are psychiatric disorders at all. Such antisocial behavior can range from repeated resistance to authority to violent criminal acts. Other signs of emotional disturbance may also be present. The medical model of diagnosis and treatment has generally proven ineffective except in special cases where an underlying specific disorder can be treated.

As one might expect from social learning theory, antisocial parents tend to produce antisocial children. Erratic discipline, negligent child-rearing practices and abuse are important factors, although some antisocial children have conforming, nurturant parents. Antisocial behavior in childhood is frequently continued into adult life where it is transmitted to a new generation of children.

What are some of the important findings that have repeatedly emerged from research on parent-child interactions?

1. The most effective parent is the one who combines affection with strict control and joint discussion of family related issues. Neither the parent who is

affectionate and permissive nor the parent who is cold and authoritarian is as effective, when effectiveness is measured by the child's later competence in dealing with his environment away from home.

2. An infant's intellectual and social development during the first two years of life is facilitated if his mother provides varied stimulation, shows affection, and responds fairly quickly and consistently to his signals.
3. A "vicious cycle" develops in certain families--the child misbehaves, the parent punishes, and the punishment only stimulates the child to further misbehavior. Families which have been caught up in these cycles can, if they wish, be trained to interrupt the cycles themselves and to substitute a pattern of family functioning that is increasingly tolerable to both parents and children.

Parent-child relations are often adversely influenced by psychopathology in a parent. Social policies in the United States for the past fifteen years have called for the phasing out of mental hospitals and the maintenance of mental patients in the community. While there are many desirable benefits from such policies, one negative outcome has been the fact that many families that are unable to cope with the mentally ill patient in the home seriously endanger the mental health of their children. Children who were born to mental patients twenty years ago, when either the husband or wife was initially hospitalized, have been studied recently to see what difficulties were encountered by the child with a mentally ill parent at home. In one-third of these families with mentally disturbed parents, at least one child has had severe psychological difficulties. In less than one-tenth of these families has any guidance been provided to help the children cope with the problems posed by the parent's mental illness. In many families, the well parent has turned to alcohol or has developed emotional problems requiring treatment. Even where treatment was provided to both father and mother, the children were largely ignored. A very early return to the home of heavily tranquilized mothers who are then responsible for the care of their children, usually without additional help, may be producing deleterious effects upon the children. The rehabilitation of a mentally ill mother may take six to twelve months, a critical period for the family when additional support services are badly needed and too often missing.

Family relations and child-rearing practices are topics of continuous concern in most societies. What does it take to be a good parent? How can I make my child behave? Am I doing the right thing when I praise or punish my child? Such questions naturally arise in the minds of every parent. The steady flood of books, magazine articles, lectures, movies, and television soap operas concerned with family life and child rearing testify to the central importance of such continuous reexamination in our society. Acceptable family patterns and child-rearing practices undergo continuous refinement as society changes. Transmitting the primary values, skills and other personality characteristics from one generation to the next is the key to survival as a society. Granted that biological as well as social factors enter into the development of an individual personality, certain shared attitudes, beliefs, and values within the culture provide a common basis for socialization of the child. These implicit attitudes, beliefs and values constitute sociocultural premises that are fundamental determinants of shared personality characteristics within a given culture. For these reasons, studies of families and their children within different cultures can shed considerable light upon the significance of both psychological and cultural factors as they influence the mental health and development of the individual.

Rogelio Diaz-Guerrero, Jon Swartz, and I (1975) recently completed a six-year longitudinal study of over 800 children and their families in Mexico and the United States which illustrates the importance of cultural factors in child development. A large staff of research associates in Mexico City and Austin, Texas, gave an extensive battery of psychological tests to each child once a year for six years. The children were originally drawn from the first, fourth, and seventh grades so that a complete developmental continuum from age six to seventeen could be covered in the six years of repeated testing. Pairs of cases were closely matched across the two cultures in order to control for socioeconomic status, age, and sex of the child. Midway through the study, intensive interviews were conducted with the mothers in their homes in order to obtain information about family life style, home environment, parental aspirations for the child, child-rearing practices, and other factors believed to be important influences upon the child's development. Illustrative of the many findings are the following:

1. The Mexican family is less likely than the American to have intellectually stimulating reading material or study aids for the child in the home. Only rarely

does the Mexican parent read regularly to the child before the child enters school, while the majority of Anglo-American parents read to their children on a regular basis. Most middle-class Mexican children are unable to read, count, or write before they enter school, while most middle-class American parents take pride in the fact that their child has made significant progress in these skills prior to school entrance. A greater value is placed by American mothers on the development of independence and a high degree of intellectual curiosity than is typical of Mexican mothers.

2. The Mexican child's behavior typically involves a coping style based more upon passive obedience and desire to please. By contrast, the American child tends to show a more active coping style, a struggle for mastery. Specific anxieties and defensiveness about test-taking are more acture for the Mexican child than for the Anglo-American. Tests are a necessary hurdle repeatedly demanded of children by modern society. An active coping style provides a self-directed means of reducing such anxieties. A passive-obedient coping style leads only to conforming behavior in the face of threatening tests, a form of inactivity that seems only to heighten specific anxieties. When faced with a testing situation, the Mexican child is willing to cooperate although he will seldom take the initiative. By contrast, the Anglo-American child will see the testing situation as a challenge to be mastered, an opportunity to show how much he can do.
3. American children tend to show more hostility and anxiety in their fantasies, as well as more vivid imaginations. Differences between boys and girls were greater for Mexican children than for American. The Mexican adolescent shows a lesser need to be spontaneously impulsive and a greater need for independence, a need growing out of his increasing awareness that he is indeed highly dependent upon others within his extended family and affiliative network.
4. On psychological and educational tests of cognitive development and social achievement, only minor differences of no consequence exist between Mexican and American first graders when social class and education of the parents are controlled. As children grow older, however, the performance of American children gradually pulls ahead of that for the Mexicans. The more rapid development of the American child through the school years is probably due to a combination of greater intellectual stimulation in the home and different instructional methods in school. It is interesting to note that Mexican girls from working-class families are placed at an increasingly noticeable disadvantage with increasing age.
5. A much wider gap exists between children of working-class families and upper middle-class families in Mexico than in the United States. The values of the working-class parent in Mexico tend to be the most traditional in reflecting the earlier beliefs of traditional Mexican society, while the educated classes are more similar to both working and middle-class families in the United States.
6. Family life style and socialization practices differ appreciably in the traditional Mexican and American families. Fewer Mexican fathers share activities with their sons; Mexican children are given less responsibility in the home and are more likely to have their friends chosen by their parents; Mexican mothers are more controlling of their children, give their children less freedom to express themselves and are more likely to admit to problems in child rearing.

Most of the differences in personality discovered between Mexican and Anglo-American children can be attributed to the differing sociocultural premises underlying the two cultures. As Diaz-Guerrero (1973, 1975) has pointed out before, the majority of adolescent Americans subscribe to active self-assertion as a sociocultural premise while their Mexican counterparts prefer affiliative obedience. Mexicans tend to be more family-centered and cooperative in interpersonal activities while Americans are more individual-centered and competitive.

These examples serve to illustrate the general point that cultures differ in ways that are important for personality development of the child. Variations within any modern urbanized society such as the United States or Mexico are much greater than the general differences between societies. Some shared beliefs, values, customs, life-styles, and child-rearing practices differ considerably from one family to the next within the same society. Normative standards and sociocultural premises only represent the ideals of the society against which the individual and his family are compared. Marked deviation from such ideals can produce new levels of self-actualization and maturity or desperate feelings of alienation and conflict, depending upon the kind of dissonance and how it is resolved by the individual. In either case, too much deviation from societal norms can lead to anxiety and despair. The recent movement in America toward a pluralistic society has gone a long way toward overcoming the excesses of strong social conformity pressures, making it possible for many more individuals to resolve their deviance in a mentally healthy way.

In spite of these differences nearly all families share a common purpose. Nearly all parents want a better life for their children even though they may not always know how to achieve it. They want their children to succeed in school, to be popular among classmates, to take pride in their heritage, to be respectful toward their elders, and to live happy, healthy lives. As often as not they may set unrealistically high standards for their children, which leads to rejection and disappointment when failure is recognized.

A deeper understanding of human development, families, and their children throughout the life span has been a major goal of philosophers, educators, behavioral scientists, and, for that matter, parents and children themselves. We have begun to discover ways to strengthen the forces for constructive growth and mental health. We have begun to understand the conditions leading to mental illness and malfunctioning of individuals and groups. Enough is already known to see more clearly what must be done to help families in trouble if we are to survive as a society. A new national policy is needed, aimed at reestablishing the family as the primary caring, nurturing and socializing agency of our society. Most families want to be responsible for their own development. Most families also need help to accomplish their goals. Services for families and children should be made available on a universal basis. Where choices must be made with limited resources, the balance of choice should favor children over adults. It must be remembered, however, that you cannot pay anyone enough to do what a mother and father will do for nothing if given a decent chance. Many have called for new national policies placing families and children first among our priorities. Few, if any, have expressed this plea as well as Nicholas Hobbs (1976) who stated the following in a major address on mental health, families, and children:

> "We need to rekindle the caring spirit in America. To nurture altruistic impulse. To restore civility. To rediscover self in the service of others. To encourage fidelity to family. To honor those who fulfill the difficult role of parent, of father and mother. We need a revived national ethos that cherishes communities, families, and children, out of respect for our heritage and in the service of a noble national tomorrow."

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Changing Family Roles and Structures: Impact on Child Abuse and Neglect?: A Cross-Cultural Perspective

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We are now faced with the difficult task of determining what there is about American society and American families that contributes to the incidence of child abuse. I would like to discuss the usefulness of a cross-cultural perspective in understanding what conditions may contribute to positive or negative childrearing. An understanding of the cross-cultural record permits us to view human behavior in a much broader context than is possible in studies of the United States or of Western societies alone. This in turn will enable us to understand which features of our society (and which changes) are most likely related to the incidence of child abuse and neglect.

American families have changed considerably in the last several decades. These changes include a decline in extended families, an increase in divorces and single parent families, and an increase in the percentage of working mothers (Bronfenbrenner 1976, 1976; Chase, 1975; Glick, 1975). There are problems, however, in making causal inferences about the relationship of such changes to the incidence of child abuse. Our awareness of child abuse and neglect has increased markedly since our recognition of the problem 15 years ago (Kempe et al, 1962). However, we still have differing estimates of the actual incidence of child abuse in the United States (Gelles, 1977). While the number of child abuse and neglect cases that are reported has increased, we cannot reliably say that child abuse itself has increased. Thus it would be premature to associate changes in family roles and structures with child abuse until we have more information.

Our knowledge of child abuse and neglect stems almost entirely from studies of Western cultures, the United States in particular. It is an open question, however, whether this is because abuse occurs predominantly in Western societies, or whether this is due to an increased awareness of the problem and consequent improvements in reporting of incidents. Nevertheless, Western cultures are rarely indicative of universal human traits and are often on the extreme end of the continuum for childrearing practices (Minturn and Lambert, 1964; Whiting and Child, 1953). For example, American parents begin to toilet train their children earlier and are more severe in their training methods than are parents in most other cultures (Whiting and Child).

Child abuse, per se, is a topic covered by no more than a handful of anthropologists. Consequently, we need more information; we do not yet know the incidence of what might come to be defined cross-culturally as child abuse. The anthropological literature, however, presents a picture of broad cultural variation in almost every aspect of childrearing. Cultures and individuals form a continuum of behaviors in their treatment of children that range from harsh physical sanctions and early deprivations to total indulgence and nurturance. For example, in one Papua New Guinea culture, a child is apt to lose a portion of a finger or a part of an ear for intruding upon the mother's garden (Meggitt, 1965). In another nearby culture, children are virtually never punished, even for accidentally killing valuable pigs while playing (Langness, personal communication).

For the purposes of this discussion, I will focus on four of the issues that have been linked to the incidence of child abuse in the United States: social isolation, understanding of normal child development, self-esteem, and role reversal. Some factors that bear on these issues will be discussed in terms of our knowledge of childrearing in various cultures around the world. These factors include household composition, alternate caretakers, child caretaking, economic roles and tasks of family members, support systems for parents, beliefs and values about children, and urbanization. Each factor is complex and worthy of extended treatment. The following discussion will be an overview of these factors in order to suggest some of the areas in which a cross-cultural perspective could contribute to interdisciplinary efforts to find solutions for child abuse.

Differences in household composition have been related cross-culturally to differential treatment of children. The sheer number of individuals residing in the same household and the adult-to-child ratio have been associated with the treatment of children. Children tend to receive more warmth and acceptance in households where there are more adults who can fill a caretaker role and fewer children to make demands (Minturn and Lambert). Cross-culturally, extended households tend to be the least severe in their child training practices, providing children with the most warmth and acceptance. One cannot predict the treatment of children in nuclear households cross-culturally since the caretaker (usually the mother) is able to more freely express both warmth and anger towards her children. Mother-child households tend to be the most severe in their child training practices, with physical punishment most frequent, cross-culturally. (Minturn and Lambert; Murdock and Whiting, 1951; Rohner, 1975; Whiting and Child).

However, the effects of household composition are not free from complicating factors. For example, while extended households tend to be the least severe with children, positive affect is sometimes muted to avoid jealousy between the numerous cousins living in the same household (Minturn and Lambert, Rohner). Similarly, the specific personnel in the extended household is important. In sororal polygynous households (in which the husband has several wives who are all sisters) children are treated more nurturantly than in polygynous households in which the wives are unrelated (Rohner, Whiting and Child). Spatial living arrangements also have an effect. Unrelated co-wives in poloygynous societies who live with their children in separate dwellings have more positive interactions with their children than do co-wives who share the same dwelling (Rohner).

Intracultural studies further support the contention that household composition is related to child treatment. In a study of Kenyan infants, those who resided in extended households were held more while being responded to more quickly when they cried, than were infants in nuclear households (Munroe and Munroe, 1971). In a study comparing nuclear and extended households in India, children were subjected to the same frequency of rejecting behaviors (e.g., "go away") in both kinds of households. However, the rejecting behaviors were performed almost exclusively by the parents (Ames, 1974). Thus, in the extended households, children resided with additional adults who did not display the rejecting behaviors of the parents.

Associated with differences in household composition, the roles that various people in the household fill are significant in terms of the affect directed at the child (Levine, 1967). For example, the presence of grandparents, particularly grandmothers, has been linked cross-culturally with increased warmth and nurturance of children (Minturn and Lambert, Rohner). When the grandmother is the head of the household she tends to act as a disciplinarian; when she has a lesser status, she tends to fill a more nurturant role (Apple, 1956). In the study of households in India cited previously, grandmothers, while not providing essential physical care for the child, were a source of "extras" (Ames).

The presence and availability of alternate caretakers is closely related to household composition. Cross-culturally, mothers who are unable to break continuous contact with their children are most likely to react negatively towards their children (Rohner, 1975; B. Whiting, 1969, 1972). In the Six Cultures Study, the mothers in India, who were confined to their courtyards by strict cultural sanctions, were the most irritable with their children. Mothers with heavy responsibility for child care and little opportunity for relief are the most likely cross-culturally to "blow hot and cold" towards their children (Minturn and Lambert). In this light, it is interesting that the United States component of the Six Cultures Study was the only group in which the mothers spent the majority of their time in infant care without others in the household, or nearby, to regularly relieve them of the task (B. Whiting, 1963, 1972). Children in households with a grandmother present who participicants in child care are more likely to be treated warmly and positively (Minturn and Lambert, Rohner). When fathers regularly participate in child care and when they are important socializing agents, there is a cross-cultural tendency for children to be treated with more warmth and nurturance (Rohner).

The household, however, is not only the source of alternate caretakers. The mothers of the Philippines component of the Six Cultures Study, while not living in extended households, had close contact with other women in their neighborhoods who were readily available and willing to assist one another with child care (B. Whiting, 1963). These mothers ranked high on a cross-cultural scale of nurturance and warmth towards their children (Minturn and Lambert). Societies with state organized child care, such as China and Russia, fulfill many of the functions of the extended family in assisting the parents with child care responsibilities (Bronfenbrenner, 1970; Sidel, 1972).

We can only speculate about the relationship between the importance of extended families and alternate caretakers cross-culturally, and the social isolation and lack of others to call upon for help in childrearing that appears to play an important role in child abuse in this country (Elmer, 1967; Evans et al, 1974; Helfer, 1973; Johnson and Morse, 1968; Spinetta and Riggler, 1972; Young, 1964). Even if we could return to the days of extended families, this would not, in itself, insure a decline in the incidence of child abuse. But by considering cross-cultural information we might learn which features and functions of the extended family situation are important and attempt to apply this information to the solution of child care problems (including child abuse) in this country.

We must also examine the variations in household composition in this country in a total cultural context, not simply as forms of households that can automatically be connected with specific child treatment practices and/or child abuse. In recent years, in the United States, there has been active experimentation on the part of some parents with alternatives to the nuclear family (Glick, 1975; Kornfein et al, 1977). A project at UCLA is examining childrearing in four types of families: single parent families (with the single parent being the mother); communal groups; two-parent, social-contract families; and legally-married, two-parent families (Eiduson, 1974; Weisner, n.d.). This longitudinal study now has information for the first year of life for infants in these different types of households. Interestingly, children are as likely to thrive, or to be developmentally at risk, in all of the groups; presumably, while the composition of the household will show a relationship to later social behaviors of the children, it is not related to deprivation of the child up to one year of age (Weisner, 1976).

This study also provides information about social isolation and support systems for parents of various kinds of households as they undertake the task of childrearing. Parents in the four types of families showed no differences in their recollections of relationships with their own parents. However, it was the legally-married couples who had the most contact with grandparents. Generally, this contact seemed to be supportive and similar to extended family supports, yet from separate dwellings. Individuals in communal groups had less satisfactory current relationships with their own parents and were striving, through participation in a communal living situation, to provide themselves with a support system for childrearing. Other communal group members were available for child care, sharing other household tasks, and to provide the mother (and the father) with adult contact.

The single mothers in this study were particularly interesting because of the increase in single parent households (particularly mother-child households) as well as the stereotype of single mothers in this culture. This study indicates that in our culture, single mothers do not constitute one classification and are not indicative of single pattern of childrearing. Thus, it may be premature to draw a causal inference between the rise in single parent households and the incidence of child abuse.

The study divided single mothers into three groups. The first group was called "Nestbuilders" and included those women who made a decision, prior to attempting to conceive, to be single mothers. These women had prepared themselves emotionally and financially to assume childrearing responsibilities by themselves. The second group, "Post Hoc Adaptors," consisted of those women who resigned themselves to the idea of being single parents after conception but who did not consider this the optimal situation. They did not plan to rear the child alone, but something went wrong with their marriage plans. The third group, called the "Unwed Mothers," corresponds most closely to the stereotype of a young unwed mother, unprepared for the task ahead of her. All three groups of single mothers, like the mothers in the communes, had less satisfactory current relationships and less frequent contact with their own parents than did the legally married mothers. The single mothers, however, particularly the "Nestbuilders" and the "Post Hoc Adaptors", showed evidence of building support systems for the task of childrearing outside of the kin-based group. Natural childbirth classes, La Leche meetings, informal groups of mothers who exchanged information and babysitting help, and so on were utilized to avoid social isolation and to provide information and support in childrearing (Kornefein et al, 1977). Perhaps what we are seeing is parents themselves pointing out the support systems needed for childrearing in the absence of extended family supports.

Using children to care for younger children is significant in cross-cultural childrearing. It may also have important implications for child abuse in this country. Children of seven or eight do much of the infant and small child care in many cultures (Rogoff et al, 1975; Weisner and Gallimore, 1977; Whiting and Whiting, 1973). While older children can be an important source of alternate caretaking, removing the total burden from mothers and other adults, much of the importance of this practice lies in the experience with infants and small children that is provided before parenthood. In the United States, such sibling caretaking is often impossible because of the predominant sibling constellation in which families have two children, separated by only a few years (B. Whiting, 1972). Additionally, in this country, the notion of young children caring for even younger ones has been considered abusive (L.A. Times, 8/19/76). Perhaps this is because of the work-related abuses of children during and after the Industrial Revolution (Spargo, 1913).

The lack of child participation in the case of younger children raises the important issue of the economic roles and tasks of family members. In our society, children have little or no opportunity to perform tasks that are important to the welfare of the family and that give them practice in the nurturance, responsibility, and altruism that they will require as adults and parents (Benedict, 1938; B. Whiting, 1972). Cross-cultural studies indicate that children who have tasks that are important to the welfare of their household (particularly caring for younger children) develop more positive social behaviors as well as a sense of self-esteem (Whiting and Whiting, 1971, 1973). The task of caring for younger children is an explanation of why female children frequently tend to be more altruistic and nurturant cross-culturally than male children (Whiting and Edwards, 1974). In societies where male children perform more domestic tasks, and in this country where girls have little responsibility for child care, such sex differences are less pronounced. In the Kenyan study group, some of the boys (due to a lack of female children) were assigned the care of young children as well as other domestic tasks usually assigned to girls. These boys exhibited the traits of nurturance and altruism that are usually associated with girls (Ember, 1973). Communal societies, such as China, Russia, and Israeli kibbutzim, have incorporated tasks for the well-being of the group into their child care systems. These activities are considered important to the development of the child (Bronfenbrenner, 1970; Sidel, 1972; Spiro, 1965).

It is curious that we deny children access to adult activities and tasks at the very age that children seem most anxious to imitate adult life (B. Whiting, 1972). This has much to do with the extreme stance our culture takes in contrasting childhood and adulthood (Benedict, 1938), and with the age segregation so prevalent in our society (Bronfenbrenner, 1970, 1975, 1976; Greenfield, 1974). Our children "play" house, "pretend" to go to work, and so on. At the same ages in many other cultures, children learn how to perform adult activities and tasks through actual participation, or, at the least, through observation of adults at work. In addition to being denied important tasks, our children are denied access to adult work activities and have little opportunity to observe what adults do with their work day (Bronfenbrenner, 1970, 1975, 1976). The ethnographic evidence overwhelmingly indicates that children look forward to assuming adult responsibilities and tasks deemed important by the adults in their household. Since children in our society are not often given the chance to be important to the well-being of their household, they have decreased opportunity to develop a strong sense of worth and self-esteem (B. Whiting, 1972). The lack of self-esteem in parents has also been associated with child abuse (Blumberg, 1974; Fontana, 1964; Johnson and Morse, 1968; Silver, 1968; Steele and Pollock, 1968).

In addition to providing a source of alternate caretaking and a medium for the development of self-esteem, child participation in the care of younger children has another important relationship to the prevention of child abuse. The absence in our society of child involvement in caring for other children is coupled with the lack of a passing down of folk wisdom about childrearing. Folk wisdom, including that concerning childrearing, is no longer automatically passed from one generation to the next (Chase, 1975; Mead, 1970; Whiting, 1971). In most other cultures, women are surrounded by other women who have had experience in childrearing. These more experienced women, usually the mother's kinswomen, help the new mother and instruct her in the care of her new and developing child. In our society grandparents and other kinswomen do not usually reside in the same households as new parents, and are often not even in the same city. However, the problem is deeper than proximity. With all of the changes and conflicting advice that is available concerning childrearing, folk wisdom is often not applicable or trusted. Whiting cites an example of a woman who bottle-fed her child on a schedule as was recommended in her generation, who is of little help to her daughter who wants to breast feed her child on demand (B. Whiting, 1971). Mead has noted that a regularity in American childrearing is parents trying to rear their children differently from how they were reared by their parents (Mead, 1955). Thus parents in the United States, particularly new parents, are at a double disadvantage. The experience of their own parents is not put to use and they themselves have little or no experience in caring for infants and young children (B. Whiting, 1971). This is of considerable importance because one factor contributing to child abuse is a lack of knowledge about normal child development (Galdston, 1966; Johnson and Morse, 1968; Spinetta and Riggler, 1972; Steele and Pollock, 1968).

The beliefs that Americans have about children and childrearing are another possible source of difficulties. Most cultures have definite beliefs about the nature of children and whether characteristics are inborn or malleable (Minturn and Lambert). One cultural group believes that the child's characteristics are passed to him from the ancestors through his mother's milk (Ammar, 1954). Rajput mothers believe that the child's characteristics are written on his forehead at birth and are predetermined (B. Whiting, 1963). In the Six Cultures study, United States mothers saw their children as a "bundle of potentialities" with inborn characteristics, but with the ability to be shaped by their environment (Minturn and Lambert). With the American ideal that all people are equal, it is understandable that parents believe that they have some control over and responsibility for their child's successes and failures. Additionally, most cultures have beliefs about the age at which a child should be expected to behave in given ways. For example, just as adolescence is not universally a time of stress and trauma (Mead, 1928), the "terrible two's" of our culture are not an inevitable part of human experience. Among the Maori of New Zealand, children are expected to be independent at a much earlier age than are children in our culture. Thus Maori children have their sense of autonomy and independence before there is a need to have a conflict with parents (Ritchie and Ritchie, 1970). In many groups, children are not expected to follow certain rules until they are old enough to "understand" and participate as full members of their culture (Rogoff et al, 1975). Among the Ngoni of Malawi, for example, when children acquire their second set of teeth they are expected to follow the rules of their culture and be responsible for their own actions (Read, 1968). Thus, it would be unreasonable to punish children for things they are incapable of understanding, much less doing. The sanctioning and general acceptance of physical force in childrearing in our culture (Gil, 1970; Gelles, 1977), coupled with the belief that parents can shape or direct their child, and with the fact that most parents have little previous experience with children, can present a very difficult situation and a cultural milieu ripe for child abuse.

The value that societies place on children and childrearing should also be considered. Cross-culturally, wanted children are more likely to be accepted and treated warmly than unwanted children (Rohner, 1975). A study in Czechoslovakia recently concluded that children of mothers who had been denied abortions had significantly more emotional problems than children whose mothers had not sought abortions (Los Angeles Times, 10/5/75). Children in many societies are valued for their participation in economic activities (Johnson, 1977). In many groups, the birth of a child validates the marriage of the parents and raises their status in the community (Gallimore et al, 1974; Raum, 1970). In Japan, children are highly valued and the ideal of most women is to be a "mother of promising children" (Wagatsuma, 1977). The conditions in which many children in the United States live brings into serious question how much value we, as a society, place on the next generation (Bronfenbrenner, 1975; Chase, 1975; Gil, 1970; James, 1975; Wooden, 1976). In our society, children are no longer an inevitable part of life; due to effective methods of contraception, they can be a matter of choice. Additionally, children, in most cases, are no longer a particular economic or social asset. Children do not help tend the livestock, harvest the crops, or necessarily support their parents financially or emotionally in their old age. Raising children is costly (Benning, 1976), and even makes such necessities as renting an apartment difficult (Los Angeles Times, 2/6/77). Children are often desired for purely psychological reasons. In this light, some of the psychological dynamics leading to child abuse, such as role reversal, become more understandable (Blumberg, 1974; Galdston, 1966; Sinetta and Riggler, 1972; Steele and Pollock, 1968).

Urbanization, with its structural and psychological concomitants, also appears to have an effect on the nature and quality of childrearing. Changes in household composition, availability of alternate caretakers, and economic requirements of household members are, in most cases, associated with urbanization and industrialization. Cases like Japan, however, where industrialization and urbanization have not brought the demise of the extended family, must be further studied (Wagatsuma, 1977).

Psychological factors associated with urbanization are also of interest to the problem of child abuse. Studies in Uganda, Venezuela, Kenya, and among Chicanos, indicate that mothers in urban areas are less self-confident, less self-sufficient, and less sure about their abilities to rear their children (Greenfield, 1974; Graves, 1968; Watson, 1970; B. Whiting, 1969). In general, there is a lower self-esteem among these mothers which arises from their diminishing economic importance to the household and from the pressures of urban life (B. Whiting, 1969, 1972). As previously noted, the level of self-esteem in parent-child relations is important and is linked to child abuse.

A discussion of changing American family roles and structures is incomplete without some mention of women's role. Our culture is undergoing change with more mothers working outside of the home (Bronfenbrenner, 1975, 1976; Chase, 1975; Glick, 1975). The topic is a large and complex one, but I would like to raise a few crucial points. First, in most cultures, women have economic responsibilities other than, or in addition to, child care and housekeeping (Greenfield, 1974; B. Whiting, 1972). As previously noted, the cross-cultural evidence indicates that a woman isolated in child care responsibilities without relief is more likely to treat her child in a negative fashion (Rohner, 1975; B. Whiting, 1972). Second, for a woman to develop self-esteem, she must have a role that is valued by her as well as by her society (B. Whiting, 1972). When women are restricted to the homemaker role, they are restricted to an ascribed status; that is, one based on characteristics at birth, in this case being female. This denies women access to the achiever status that is valued in our culture (Greenfield, 1974). Since child abuse seems to be associated with unemployment of fathers (Gil, 1970; Light, 1973), we might postulate that a similar frustration of not being a productive member of society (functioning in an achiever role) also acts on mothers restricted to, and dissatisfied with, the role of homemaker. A study of fathers in this country who are assuming child care and household responsibilities while their wives work indicates that some of these fathers, like some mothers with total child care responsibilities, feel socially isolated with only small children to talk to all day (Levine, 1976). This can be compared with some of the Scandinavian countries where fathers and mothers receive more social support in childrearing. I am not suggesting that all men or all women should work at given tasks, whether they are inside or outside the home. Rather, the cross-cultural record indicates the importance for all household members--mothers, fathers, and children--to have tasks and responsibilities that enhance their self-esteem and provide them with a means for developing and maintaining positive social behaviors. Child care, considering the nature of our society, should be a chosen role rather than an ascribed status (Greenfield, 1974). Men and women who choose to play a large part in the rearing of their children, as well as men and women who choose to work outside of the home, should have the support of their society in filling a valued role.

The American family cannot always provide itself with the support systems that a cross-cultural perspective indicates are necessary for positive childrearing. Such supports are provided in some societies by the extended family and small, close-knit communities. In other industrialized nations, the state actively provides supports to parents and families (Bronfenbrenner, 1970). In our society, individual families are left largely to their own devices to find and build support systems. It appears inescapable that societal measures must be taken in this country to improve the conditions of children and adults which, in turn, will act to prevent child abuse. This is not to diminish the importance of psychological factors associated with child abuse. Child abuse is a complex interaction of psychological and situational/environmental factors (Helfer, 1973; Johnson and Morse, 1968; Kempe, 1973; Kempe and Helfer, 1972). Neither psychological nor situational/environmental characteristics are sufficient in themselves to cause child abuse or to differentiate between abusive and nonabusive families. Thus, environmental or societal changes will not be sufficient to totally eradicate child abuse. However, in the effort to promote a social milieu that fosters positive parenting, improvements could be made in environmental situations that mix unfavorably with psychological factors, causing child abuse.

Improvement in day care is among the suggestions for improving the conditions of parents and children in this country and for reducing child abuse. I would like to make an additional suggestion for the structure of day care as an example of how a cross-cultural perspective can be utilized in forming solutions to problems such as child abuse in this country. Since young children do much of the infant and child care in other societies, they should be allowed to participate in child care in our society (Whiting and Whiting, 1973). This should consist of active participation (with adult supervision), rather than being a book-learning experience. Attaching day care centers to existing elementary schools and then involving elementary school children in the care of younger children has several potential advantages for the prevention of child abuse, while also serving the need of our society for improvements in child care facilities. Presumably, such a practice would enhance the development of self-esteem, and of nurturant, responsible, and altruistic behaviors among the children doing the caretaking. As was discussed earlier, children in our society have little opportunity to perform tasks that give them practice in behaviors necessary for their future roles as adults and parents. Second, the practice would educate the members of our society, from their earliest years, about normal child development, with all of its individual variability. This might reduce the problems of new parents in our society who have had little experience with children and who do not have access to individuals experienced in childrearing. Third, the practice would provide parents with a source of alternate caretakers, although, optimally, parents would be involved. This would relieve parents of the constant interaction with and responsibility for their children associated, cross-culturally, with rejecting behaviors toward children.

A cross-cultural perspective on childrearing can be a useful complement to what we already know about child abuse in this country. In this discussion I have presented an overview of some of the factors that are important in parent-child relations, cross-culturally, that we might apply to generally improve conditions for parents and children and prevent child abuse. In the examination of the cross-cultural record, certain facts emerge about human behavior in childrearing. Interactions between parents and children are more likely to be warm and accepting when: the adult-child ratio in the household does not include too many children making too many demands on too few adults; others are available to help the mother with childrearing responsibilities (this can involve personnel from the household, or personnel from outside the household); significant others, particularly grandmothers and fathers, are willingly involved in child care; the primary caretaker is not restricted to the household and is in continuous interaction with the child without the opportunity for periodic relief; the mother has the option to participate in economic roles other than child care and housekeeping if she wishes; there is a familiarity with normal child development and with individual variability (this can arise from childhood experience in child care, or from contact with others who have had experience in childrearing and can pass folk wisdom concerning childrearing on to the new parents); children are given the opportunity through important tasks, particularly through participation in child care, to develop the nurturance, responsibility, and self-esteem that they will require as adults and as parents; there are support systems for parents (this can be through the extended family, through the state, through informal networks of parents, and so on); and children are desired and valued by their parents and by society at large.

The task remains for us to apply this cross-cultural information in light of our own cultural context.

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Towards a New Perspective

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> For no other group in American life is the matter of family life more important than to the Negro. Our very survival is bound up in it...No one in all history had to fight against so many physical and psychological horrors to have family life. Dr. Martin Luther King, Jr.

In 1975, the National Urban League received a federal grant to establish a child abuse/neglect resource project: Project THRIVE. As local project director, I have spent a good deal of time responding to comments like these: "Why a Black project? Is it because Blacks are more violent and tend to abuse? I don't know why you're making a difference; we treat all children the same. There's just something wrong with an all-Black focus. It's reverse discrimination."

I answer these questions in much the same manner that I will address you as readers. If we are to develop the child abuse/neglect discipline, we must take a pluralistic approach to the problem and its management. Every aspect from policy making to service delivery must be explored. We must continually work to dispel the myths and stereotypes about Black families that pervade our child welfare system. In their book, *Children of the Storm*, Andrew Billingsley and Jeanne Giovannoni (1972, p. 12) state:

> Of the twin evils of our time, racism and poverty, racism ranks first and poverty second as causes of the difficulties Black children face. Neither of these maladies is caused within the Black community. Both are generated, operated, and perpetuated by the white community and the institutions it dominates. We must examine and speak to societal abuse.

Let us examine the dynamics of the abuse/neglect issue as it affects Black families. How do we define abuse and neglect? In 1974, Congress passed Public Law 93-247 which defined abuse and neglect. Neglect, as constituted, refers to acts of omission, such as failure to provide adequate food, shelter, and medical and emotional care. Until we have a national commitment to a full employment economy and guaranteed minimum income for those unable to work, the poor will continue to "provide inadequately." The failure of society to address itself to the problems of poor children is a special failure in relation to Black children because disproportionate numbers of them are born into poverty.

In defining child abuse, the law specifies acts that are physically or mentally injurious to the child. General characteristics for identifying the abused child have been developed. They require, at best, some subjective judgment on the part of the observer. This may prove problematic when racial elements are a factor. A White person unaccustomed to dealing with Black children may observe welts or redness on a fair-skinned child and determine that he/she has been abused. What the worker failed to consider was the sensitivity of the child's skin, equating skin tones of Blacks with that of Whites and determining the severity of the bruise by that frame of reference with which he/she was familiar. There is a distinct possibility such welts could be the results of a mild switching or scratches which manifest themselves in redness and immediate swelling but fade in a matter of hours.

Language can pose still another barrier to accurate assessment of situations. People investigating abuse and neglect must often rely on statements from witnesses and neighbors who can confirm that abusive behavior took place.

A Black neighbor reports to a White police officer that the family in question "beat" the children all the time. It is necessary to understand that in many Black communities "beating" is synonomous with "spanking" and does not connote the severity assumed in the larger white context. At the other end of the spectrum, attitudinal racism often prevents Black children from

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receiving the protection they need (Billingsley and Giovannoni, p. 8). Attitudinal racism exists when one racial group thinks or believes another is inferior.

In the last few years we have witnessed a move by most states toward more comprehensive reporting laws. The benefits of strong reporting laws are twofold: they help us keep track of those children who have been abused and neglected and provide a better data base for ascertaining the scope of the problem. What was well intentioned in design has proved hazardous in practice. The statistics gained through mandatory reporting are skewed. Overwhelmingly it is the poor who are being reported. Individuals working in public agencies have greater access to these families and report far more frequently on them than those in private or upper-income settings.

At present Blacks are overrepresented in child abuse/neglect statistics. While the racial breakdown is unavailable for most states, the American Humane Association estimates that in 1968 the nationwide reporting rate was 6.7 cases per 100,000 for White children compared to 21.0 cases per 100,000 for nonwhites.

We can speculate as to why this overrepresentation exists:

1. There are biases in who generally reports child abuse and who gets reported. There is a differential reporting by both states and individuals. Some states, for example, combine reporting for abuse and neglect and make no distinction between the two. Other states carry statistics that contain only confirmed cases of abuse, and some carry both confirmed and suspected cases. Many states and municipalities exclude coroner's reports of suspected child abuse and maltreatment, often the cause of death.
2. There are state variations in terms of definition of child abuse. The definitions range from, "when a parent habitually uses profane language in front of a child," to "a condition in which a child is suffering from serious physical injury inflicted upon him by other than accidental means."
3. Individuals of like social classes and race tend not to report each other. There is underreporting by private physicians and underreporting in suburban communities; middle class and upper income families rarely get reported. It is simply made easier for them to maintain anonymity (Dowdell, 1976).

How do we treat the abused/neglected child and family? Unfortunately, we are just now moving away from the posture that removing the child alleviates the problem. Services to enhance the welfare of children living with their own families have been only minimally developed and do not constitute the majority of the child welfare efforts. We have operated from the posture that if the family is inadequate there is little value in maintaining it.

> A major misconception in child welfare has been that Black children have no parents, or at best only one. A second assumption has been that the major problem within the Black community is parental inadequacy whatever the number of parents. It is for this reason that child welfare services for Black children consist in large part of "rescuing" them from these inadequate parents and herding them into large impersonal institutions or shelters until they can be placed in more adequate homes. These homes are, according to child welfare ideology, hard to find within the Black community because of the "pervasive internal pathology" (Billingsley and Giovannoni, p. 17).

We must begin to recognize the Black family as viable and examine and incorporate its inherent strengths in our treatment modalities. Robert Hill, director of National Urban League's Research Department, has identified five of these strengths: strong achievement orientation, strong kinship bonds, adaptability of family roles, strong work orientation and strong religious orientation. We must begin to examine the societal norms by which such terms as "appropriate, adequate, and proper" derive meaning and recognize that such norms were never intended to accommodate racial and cultural differences.

Another approach to the child abuse neglect problem has been the evolution of parenting programs. I endorse such efforts and agree that despite all our educational expertise, this area has been neglected. I would caution against, however, the assumption that the new parenting materials are universal in their appeal. Clara J. McLaughlin, coauthor of *The Black Parents' Handbook* (1976), says, "Shortly after I became a mother, I realized that I was not able to use the developmental scales outlined in any of the books on infant care, without reading far in advance of my baby's age. I discovered that other black mothers had the same experience." In researching for her book she discovered that the average Black infant develops mentally and physically at a faster rate than that indicated by the standard infant development scales. Investigation also showed that environmental, genetic, and medical problems common among Blacks were not addressed in books on infant care and sometimes not in medical journals! Black parents need help dealing with the political and economic influences that affect child rearing. Black children must be taught at an early age to cope with racism. Dr. Spock is not much help here. White educators need to be aware of those resources written by and for use with Black families. Black researchers, practitioners, and educators must continue to document and publish relevant materials.

There are several other programs designed to aid in our efforts to combat the child abuse/neglect problem, many of which pose some particular problems for Blacks. I can think of two immediate situations. A local Parents Anonymous sponsor came to me concerned that they could not involve Black parents in their group. When I spoke with these parents regarding their feelings about PA, one replied, "What Black person that you know is going to sit with a bunch of White folks and tell all their business?" Our community also started a program for volunteers to become lay therapists or parent aides to work with parents involved in abusive/neglectful situations. They designed an elaborate seven-week training program meeting one day a week. In a country where Black family income is a little more than half of White family income, "volunteerism" is practically nonexistent! In most families adults worked and could not attend day-time training programs; those that were at home but interested in the programs had child care responsibilities and could not afford babysitters and/or transportation.

The problems cited here are not new nor are they unique to the child abuse discipline. The probable solutions have been posited before. In 1968 the Urban League in its Statement on the Black Family said,

> The misconceptions about Black families require changes in the basic institutions. These institutions need to serve and reflect the pluralistic needs of all the people—black and white. These larger institutions must begin to be specific about the needs of Blacks, be deliberate about ethnicity and become truly interracial in conception, structure, staff, boards, and services.

At the same time, parallel institutions must be created at the community level, owned and controlled by Black people. These parallel institutions are needed because Black people for the most part live in Black communities. Although the community may opt for quality, integrated institutions and/or parallel institutions, the guiding principle is the right of the community to have a substantial stake in the decision making process of the institutions which exercise control over their lives. The business of opening services to Blacks and helping to establish parallel institutions is not an either/or proposition. Institutions must engage in both efforts.

In 1977, the concerns are still the same. Where will we be in 1980? The challenge is yours.

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Community Development: Possibilities for Effective Indian Reservation Child Abuse and Neglect Efforts

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INTRODUCTION

In the State of Arizona there are 14 Indian tribes living on 20 reservations representing over 19,000 square miles and 115,000 people. Two of these reservations are located in two states--Arizona and California, and one is located in three states--Arizona, Utah, and New Mexico. The tribal members of two tribes reside in two countries, the United States and Mexico. There are similarities and variations in the cultures and lifestyles of these 14 tribes. Tribes living in Arizona are: Apache, Chemehuevi, Cocopah, Havasupai, Hopi, Hualapai, Maricopa, Mohave, Navajo, Paiute, Papago, Pima, Yavapai, and Yuma (Quechan).

HISTORICAL BACKGROUND

Indian tribes have a special relationship to the federal government on the basis of treaties made with them as sovereign nations. The recognition of tribal sovereignty entitles each tribe to operate within its own tribal courts with its own set of codes. Tribal law and order codes were written shortly after the Indian Reorganization Act of 1934, which allowed Indian tribes the right to self-government. These laws and courts are as varied as the tribes themselves. Where the states have mandatory laws for reporting child abuse and neglect, the tribes differ in their codes. Some tribes have laws for the reporting of child abuse and neglect. Others have no provisions for these, and still others have no codes at all. Tribal courts were not set up to allow the child or parents to be represented by counsel or otherwise be advised of their rights. Today, efforts are being made by tribes to revise their codes. Through the Office of Economic Opportunity and passage of the Civil Rights Act, legal services are made available to Indian people on and off reservations. Efforts are made to train indigenous people to serve as lay advocates in tribal courts.

The special relationship of the federal government with Indian tribes allows tribes the opportunity for direct federal funding for the establishment and continuation of programs on the reservations. The tribes, through their Councils, have the option to employ or not to employ the services available through the state of Arizona. Tribes are not always receptive to state intrusion and will effect special agreements to protect tribal sovereignty. One tribe which uses Title XX funds for a nutrition program did so only after a special agreement was reached between its Tribal Council and the Arizona Department of Economic Security to protect the rights of the tribe to use tribal norms in establishing eligibility and to use foods that are a part of the daily diet of that tribe. Another tribe established a special agreement directly with the United States Department of Agriculture to continue the surplus commodity food program on the reservation in lieu of the Food Stamp Program because of inaccessibility to service offices and food stores.

Some of the federal and state programs used on Indian reservations are the food stamp program, AFDC, employment and training, and nutrition for the elderly through Title XX. Protective services are available to Indian tribes and are utilized by some of the smaller tribes which have limited reservation programs. Most tribes choose not to use state protective services and employ their own people to work with child abuse and neglect problems.

In the age of technology and high mobility the Indian family has been affected by the disruption of the family system. Young people are moving into the cities for education and employment, weakening the opportunities for children to learn their tribal ways. Families are living in a different economic system than their parents may have lived in the past. Families are exposed to different life styles and are incorporating these into their own lives. In spite of the changing life styles, the extended family system is still very much alive in the Indian community. It may not be as strong as it was in the past, but it does exist. Children live comfortably with grandparents, aunts, uncles, and other relatives. To the Indian family this is a sharing of children and a means of strengthening family relationships. By living with relatives, the child learns who his family is and learns the values of sharing his life and material wealth with others. Under a functioning extended family system child neglect is rare, because care of children is the responsibility of the entire family unit.

Indian life, for the most part, goes on at a slow pace. Children are fully accepted and are allowed to grow through the normal developmental stages. They are not forced to perform skills that they are not yet physically ready to perform. Young children are not forced to learn to drink from a cup or to use a spoon to feed themselves, nor are they forced into toilet training before they are physically ready. The non-competitiveness in Indian society allows children to grow at their own pace.

CURRENT TRIBAL/STATE RELATIONS

The attitudes of workers on Indian reservations play a major role in how the Indian people respond to services provided, whether they be health, education, or social services. Some workers on Indian reservations show their disdain for the life style of the Indian. Through ignorance they alienate the consumers of their services. Many workers, ignorant of Indian cultural values and norms, make decisions that are detrimental to the Indian family. Too often they see neglect where none exists. The person who is working in the Indian community must be aware of and sensitive to the cultural diversity among the many tribes of Indians with whom he is working.

To the uninformed worker an Indian child may be labled as shy, withdrawn, uncooperative, or a slow learner when the child may be doing what he has been taught as part of his early childhood training. A child is taught to listen and to learn by observation. He is taught to respect other people. He must not interfere in a conversation. Direct eye contact is discouraged, for this is a sign of disrespect.

Other aspects of child rearing unfamiliar to the worker may be interpreted as neglect. The use of herbs and teas and the employment of the medicine man to cure illnesses may be seen as negligence in health care. Although many Indian people are using the health facilities available to them, there are families who still adhere to tribal health practices.

Child abuse and neglect on Indian reservations is dealt with by various agencies such as the Bureau of Indian Affairs, Indian Health Service, Tribal Courts, and tribal service-delivery programs, with the Social Services Branch of the Bureau of Indian Affairs assuming the major responsibility for child welfare on reservations. Like the Indian tribes, each agency has its own set of rules and regulations. In one tribe, the tribal law and order code has a reporting law that provides immunity to the person making the report. However, Indian Health Service has its own operating procedure and may not feel obligated to follow tribal reporting law. Difficulties arise when a child abuse case is not reported by the hospital.

With regard to state jurisdiction on reservations, conflicts could be avoided if workers recognized tribal sovereignty over tribal members, cultural variations and lifestyles, and worked with the various agencies within the jurisdiction of the tribal courts.

ACDAN PROJECT DESCRIPTION

Arizona lives in cultural and demographic diversity. Needs must be revealed by the local eye. Solutions have to be designed in a local fashion. Human growth in perspective must be accepted as developmental, evolutionary, slow.

Arizona's project is based on the philosophy that the state's most valuable resource is its people. Given the opportunity and encouragement, we believe people can reestablish their sense of community and personal concept of belonging (wherever they are located) through "local-focus" efforts and will commit themselves to a "good of all" approach to child abuse and neglect. Thus the name: Arizona Community Development for Abuse and Neglect.

The project itself functions in close alliance with Arizona's Department of Economic Security, the grantee. Placed within the Social Service Bureau of the Department, the project maintains close communications with statewide service personnel, while reserving independence of operation through administrative structure.

Staff consist of a project director, project psychologist, reservation liaison, seven district coordinators (five full-time, two 3/4 time), and two clerical workers. All staff are fiscal agent employees except for the psychologist and one coordinator, who are state employees responsible to the project director.

There are six planning districts in the state of Arizona. Coordinators are housed in DES district installations with the availability of ATS lines and some clerical support to facilitate activities. The state office is housed in the DES state office building, Social Services Bureau.

The project, funded in January, 1975, operates on a $250,000 annual base budget. All coordinators function under the advice of county as well as district committees. District committee representatives comprise a project committee to aid the project director.

Objectives for all program years have included public and professional awareness, resource identification and needs assessment, and training and technical assistance as well as advocacy. All coordinators have been trained intensively as trainers in child abuse and neglect as well as community assessment and organizational techniques. While coordinator approach varies by district necessity, public/professional awareness occupies a fair percentage of all staff time. More than 800 speaking engagements are recorded per year throughout the state as well as close to 600 training sessions representing 8400 person days of training. In addition, staff records show over 800 technical assistance events per year (estimated to be ¼ of actual) and 150 instances statewide of expanded resources.

While ACDAN takes no direct credit for communities' efforts to alleviate CA/N problems statewide, having staff available and accessible to facilitate work on CA/N related issues has unquestionably proven to be the cementing link between problems and attempts at community solutions.

COMMUNITY DEVELOPMENT STRATEGY

Arizona's resource project accepted the challenge in 1975 to demonstrate community development as an effective method for establishing statewide resource capability for child abuse and neglect identification, prevention, and treatment. Operating within a global framework of four basic objectives (public/professional awareness, need/resource assessment, resource capacity expansion, and coordination of services) ACDAN has done exactly that. Much has been learned over the past 18 months, but mostly that community development works in facilitating locally designed and sponsored community problem-solving efforts.

Before examining the specifics of ACDAN/Reservation CA/N efforts, it seems important to remind the reader of some of the "givens" of community development. Without an understanding of the philosophy and corresponding approach techniques of community development, the project cannot really be assessed at all.

Defined as it is practiced in the Arizona Project, community development represents:

> 'a process of social action in which people organize for planning and action; define common and individual needs and problems; ... execute those plans with maximum reliance upon community resources; and supplement those resources when necessary with services and materials from governmental and non-governmental agencies outside the community' (International Cooperation Administration, 1956).

Operating "givens" of community development include:

1. There exists, in a community development effort, a basic belief and trust in people and their capabilities for self-direction.
2. There exists, on the part of those encouraging the effort, a basic commitment of "beginning where the people are" and a willingness to commence efforts with whatever "sparks" are available--in spite of numbers or group mix customarily valued.
3. There exists, to the extent humanly controllable, no preconceived plan for the imposition of projects, expertise, and/or progress on effort-participant function in advance of needs evolving out of the group at its own pace.
4. There exists the recognition of a need for a facilitator or encourager of local initiative, hired or voluntary, free of professional and institutional constraints, to function in accord with and to support group-paced activities.
5. Process facilitators must be generalists, in spite of professional training, must be perceived as open, caring individuals, and must be considered acceptable and believable by the community served.
6. Facilitators must accept and encourage low publicity and group-dependency profiles of themselves in order to build strength within the group and the process.
7. There exists in community development a de-emphasis on tangible products of effort while accountability of process is required as a measure of group development.
8. In multi-group efforts, there is an underlying acceptance of and protection for non-uniformity in group approach or levels of concern.

9. There is a recognition of several process needs: (a) to work with a core group—a nucleus—expecting to train and retrain committee members as they flow in and out of the process; (b) to accept the formation of many spin-off, satellite interest groups as part of the whole; and (c) to recognize developmental change as slow, with the process taking approximately three years to institute fully.
10. And last, there is a consistent focus throughout the effort on people development related to the issue, as opposed to program development for specific achievement.

ACDAN RESERVATION EFFORTS

From the beginning of the project, services have been made available to the reservations upon request, but because of a Head Start training mandate requiring grantee coverage prior to June 30, 1976, ACDAN staff stepped up its outreach to Indian reservations in Arizona beginning March, 1976. Before June, 1976, ACDAN had facilitated orientation sessions on child abuse and neglect for approximately 500 reservation residents: parents, social service staff, health and education officials, as well as tribal representatives. All sessions (totaling eight major reservation entities to that date) were held on-site and were custom designed for the awareness level and resource capacity of the given community.

In addition, because of ACDAN's community development "model of approach," each session required two to three pre-planning sessions with the reservation residents involved to:

1. Establish initial trust and develop "team rapport";
2. Assess basic level of awareness and concern with CA/N in the respective community as well as previous exposure to CA/N training;
3. Assess basic community resources operating on the reservation;
4. Encourage consideration for "global" participation as opposed to "restricted" involvement in the planning and execution of the workshop;
5. Acquaint the team with written and audiovisual materials available for their selection for distribution with suggestions for corrections, additions, deletions;
6. Encourage selection of local panel and moderator;
7. Assist in the formalization and in some cases informalization of the workshop agenda.

To do this required time and the luxury of being accessible to the reservation communities when the spark required kindling. All ACDAN staff members have teamed up and exchanged districts of primary responsibility because of our commitment to being available when there is a need (what facilitation is all about), but also because of the incredible time and mileage demands experienced in servicing Reservation communities.

Beginning in September, 1976, ACDAN was able to add a reservation liaison to its staff to assume prime responsibility for the expansion of reservation-ACDAN CA/N efforts. With the added staff and outreach capability, program efforts have extended to a total of 17 reservations and approximately twelve hundred reservation residents.

With regard to the feasibility of interface between reservation communities and state agency services we have learned that:

1. Working with reservations is not only possible, but welcomed, given the proper perspective, approach, and the capacity to be accessible.
2. The "non-verbal Indian" has simply not been our experience. When allowed their own setting, their own concerns, their own verbal expressions, their own timing for involvement, and their own responsibility for contribution, and where ACDAN has remained low key in direction and has participated as a background supportive team member, reservation residents have proved time and time again to be every bit as articulate and expressive as off-reservation residents.
3. Money available from the project has not proven to be a concern to the reservation communities with whom we have worked. Reservation communities have appeared appreciative of the time spent and the willingness to appear on-site that ACDAN staff members have demonstrated as well as for audiovisual materials and training resources available through the resource project.
4. Non-Indian staff members have been able to relate successfuly to Reservation residents when their approach reflected the following:
    a) Low key/non-directive behavior;
    b) Minimal demand for attention;

   - c) Willingness to be part of the team with its conditions, setting and time;
   - d) Commitment to community development approach model;
   - e) Capacity to be accessible and accountable.
5. Being affiliated with the state has not hindered our rapport with reservation communities as some might have predicted. Again, ACDAN feels it is because of perspective, approach, and accessibility factors.

CONCLUDING SUMMARY

Perhaps the most significant thing to be said for community development as it relates to reservation efforts is that it seems to be philosophically consistent with many Native American values. For example, Community development: Native

1. Stresses cooperation in participation as opposed to competition between people.
2. Stresses maximum utilization of local resources, which strengthens the extended family system as well as tribal culture and lifestyle.
3. Stresses a non-directive approach to decision making, which eliminates program imposition and promotes self-determination of tribes.
4. Encourages citizen participation for decision making, thus reinforcing the old tradition of community collaboration for community problem solving.
5. Promotes respect for all, which reinforces the values of human equality and individual capabilities.

The staff of the Arizona CA/N Resource Project (ACDAN) has found community development to be an effective method for promoting reservation utilization of state resources. While it is not suggested as the only approach, it is felt to be viable enough to merit consideration by state agencies considering similar outreach efforts to Indian reservation communities.

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The Relationship Between Child Abuse and Neglect and Substance Abuse in a Predominantly Mexican-American Population

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The basic objective of this research was to gather data on families known to have a parent who was an alcohol abuser, drug abuser, child abuser, or child neglector. Data on both Anglo and Mexican-American families was gathered. The major hypothesis was that a positive relationship existed between the abuse of alcohol or other drugs and the abuse or neglect of children. Other hypotheses under investigation were that Mexican-American families were different from Anglo families; that abusing families (child abuse/neglect, drug abuse, alcohol abuse) were different from control families; and that families where child abuse/neglect occurs were different from families with a parent who abuses a substance (alcohol or other drugs).

PROCEDURE

An interview was used for data collection. It was designed and developed by psychologists, social workers, and other experts in the fields of child abuse/neglect, alcohol abuse, and drug abuse, including parents who had abused their children in the past, and underwent the cycle of pilot testing, revision, and further testing until everyone involved was satisfied with its content and form. The final version of the interview contained over 300 questions divided into 10 major sections: demographic data, stress factors, children's medical history, responsibility of child care, reality perceptions, the respondent's home environment as a child, family relations and role expectations, alcohol abuse, marijuana abuse, and other drug abuse.

The San Antonio Child Abuse/Neglect Research Project (SACA/N) staff utilized several local agencies that deal with child abusers/neglectors and substance abusers to obtain subjects. All respondents used in the sample were parents or guardians of children under eighteen years of age, living in the home. The cooperating agencies delivered an explanatory letter to prospective clients. Clients were told that they would receive $10.00 for their participation, and those wishing to do so signed a release of information form. SACA/N then contacted the interested person to set up an interview date.

The Control group was drawn from the San Antonio Street Directory and a sample of addresses in Bexar County (excluding San Antonio). For research purposes, it was assumed that people selected for the control group were not child abusers or neglectors, alcohol abusers, or drug abusers. The people selected for the control group were contacted in person or by telephone, and if they wished to participate in the study, an interview date was arranged.

SACA/N used the signed release of information form to compile a master list of names, addresses, and classifications of respondents. Each name on the list was assigned a unique identification number, and only that number appeared on the interview instrument. The master list was maintained in a safe location to insure confidentiality.

The interviewers represented the three prominent ethnic groups in Bexar County (Anglo, Mexican-American, and Black). The Mexican-American interviewers were fluent in both Spanish and English. Interviewers interviewed people of their own ethnicity to avoid biased responses due to interviewer prejudices, and subjects were assigned randomly to interviewers within their ethnic group. To avoid further interviewer bias, interviewers were not told the particular classification (i.e., child abuse/neglect, substance abuse, control) of the respondents.

Interviews were held in various locales, including the subjects' homes, out-patient agencies, and residential agencies. After the interview, the respondent was paid $10.00. The interview usually took between one and two hours to administer.

The SACA/N field coordinator reviewed the questionnaires for major errors, and handed them to the SACA/N coding staff for keypunching. The extracted information was keypunched and placed on magnetic tape for analysis. Names and addresses of respondents were irrelevant to the analysis process and were not stored.

Table 1 contains information on the demography of the sample. This study was designed with two ethnic groups involved, Mexican-Americans and Anglos. Complete data was obtained on

43 Black subjects, but this small number did not permit any kind of reasonable analysis. Within each of the two ethnic groups, there were four groups: the control parent group (Control), the child abuse/neglect parent group (Child Abuse), the alcohol abuser parent group (Alcohol), and the drug abuser parent group (Drug). The number of subjects in each of the groups is contained in Table 1.

TABLE 1

DEMOGRAPHIC DATA

		Mexican-American				Anglo-American			
Item		Control Parents	Child Abuse Parents	Alcohol Abuse Parents	Drug Abuse Parents	Control Parents	Child Abuse Parents	Alcohol Abuse Parents	Drug Abuse Parents
Number of Males		23	8	65	35	10	2	6	5
Number of Females		36	47	19	27	23	19	1	15
Total Number of Subjects		59	55	84	62	33	21	7	20
Age	Mean	35.1	31.5	30.6	32.5	29.8	31.2	37.6	23.8
Educational Level	Mean	9.7	7.1	9.5	8.9	12.2	9.7	12.7	11.0
Monthly Income	Mean	$ 528	235	333	431	641	279	479	275
Subjects Currently Employed	%	46	11	21	40	61	19	43	15
Number Living on Income	Mean	4.1	5.1	3.3	4.5	3.5	4.0	2.7	3.1
Subjects Married	%	68	36	64	74	70	19	57	75
Subjects Owning Own Home	%	34	11	15	15	27	10	43	10
Number of Rooms in Home	Mean	5.3	4.3	4.7	4.2	5.5	4.4	5.3	4.8
Interior of Home in Good Repair	%	58	18	80	26	82	48	43	10
Number of Children in Home	Mean	2.3	3.7	1.9	2.8	1.8	2.6	1.9	1.4
Age of Mother at Birth of 1st Child	Mean	23.7	20.5	21.2	20.3	21.6	19.7	21.3	19.1

As Table 1 shows there was very little difference in the mean ages of the subjects in these groups. The one notable difference was that the Anglo Drug group was younger than any of the other groups. The mean education level for the Anglo and Mexican-American subjects was consistent with that which was obtained in the 1970 census. The Anglos had a higher educational level than the Mexican-Americans. The mean educational level of the Mexican-American Child Abuse group was lower than the other three Mexican-American groups. Similarly, the Anglo Child Abuse group had a lower mean educational level than the other Anglo groups.

The mean monthly income of the Mexican-American and Anglo subjects is also consistent with the income information obtained from the 1970 census. The Anglos had higher average incomes than the Mexican-American subjects. The Child Abuse subjects in both the Anglo and Mexican-American groups had a much lower average monthly income than the subjects in the other groups. Note also that the Child Abuse groups had a much larger number of people living on that income and a much lower proportion of people currently employed. In addition, the Child Abuse groups had the lowest proportions of married people (legal or common law).

Within the Mexican-American subjects, all three Abuser groups showed a small proportion of subjects owning their homes. Among the Anglo groups only the Child Abuse subjects and the Drug subjects showed an inability to buy their own homes. The size of the subject's home followed this same pattern. The Mexican-American Control group had more rooms in their homes than any of the Mexican-American Abuser groups, while the Anglo Control group and Alcohol group had larger homes than the Anglo Child Abuse group or Drug group. In terms of the proportion of subjects whose home's interior was in good condition, the Mexican-American Child Abuse and Drug groups and all three Anglo Abuser groups were low.

The Child Abusers tended to have larger families; that is, the number of children in the homes of the Child Abuse groups was greater than the number of children in the homes of the other three experimental groups. This finding was consistent across all four groups for both ethnic groups. An initial suspicion was that women in the Child Abuse groups might have become mothers at a very young age. This does not seem to be true; no real pattern emerged to indicate that mothers in the Child Abuse groups were younger at the birth of their first child than mothers in the other groups.

RESULTS

In the spring of 1976 the following analysis was performed with 80 "pilot" cases (20 Control, 20 Drug, 20 Alcohol, and 20 Child Abuse). Questions within each of the ten parts of the questionnaire were selected for further analysis. Questions were eliminated if there were more than 10 percent missing responses or if more than 70 percent of the subjects responded with the same answer in the case of dichotomous response questions.

The remaining questions in each section (excluding the demographic section) were subjected to a principal components factor analysis. The factor analytic approach was used with a varimax rotation employing Kaiser's rule, and a criteria cut-off for the factor loadings of 0.35. The varimax rotated factor structure was interpreted and named. The names and brief descriptions of the resulting 22 variables are contained in Table 2.

TABLE 2

Factor Analysis Variables Used in Discriminant Analysis

STRESS1 - Additions to family
STRESS2 - Health
STRESS3 - Employment
STRESS4 - Income
STRESS5 - Peer separation
REALITY1 - Personal impact and influence
REALITY2 - Personal contentment
REALITY3 - Change in self-perception
PARENTS - Happiness and freedom from responsibility during respondent's childhood
CHILDREN1 - Time spent with children at home
CHILDREN2 - Time spent away from home without children
FAMILY1 - Respondent's expectation of child's self-reliance
FAMILY2 - Reaction to time with children
FAMILY3 - Children and family stress
FAMILY4 - Expectations of mate
FAMILY5 - Respondent/Mate communication
FAMILY6 - Compatability with mate
ALCOHOL1 - Use and effect of alcohol
ALCOHOL2 - Anxiety and depression relating to alcohol use
HEROIN1 - Knowledge of heroin use
HEROIN2 - Effect of heroin on self and family
MARIJUANA - Marijuana use and knowledge

The factor coefficients which resulted from the factor analysis on the 80 subject sample group were applied to the data of the 341 subjects now being examined. Thus, 22 new variables, which consist of the linear composites of individual questions within the interview, were produced for each subject.

The 22 factor analyzed variables were compared within and between the ethnic groups and experimental groups using a discriminant analysis. Table 3 represents a summary of those comparisons, and the Chi-Square tests associated with each analysis. In addition, univariate F tests were performed on each factor within the various comparisons listed in Table 3.

TABLE 3

OVERALL DISCRIMINANT ANALYSES SUMMARY TABLE

Group	X^2	df	Sig.
MEXICAN-AMERICANS			
CHILD ABUSE vs. SUB ABUSE	88.102	22	.0001*
CONTROL vs. ABUSE	105.588	22	.0001*
CONTROL vs. CHILD ABUSE	71.502	22	.0001*
ANGLO-AMERICANS			
CHILD ABUSE vs. SUB ABUSE	40.667	22	.009*
CONTROL vs. ABUSE	63.882	22	.0001*
CONTROL vs. CHILD ABUSE	43.201	22	.004*
MEXICAN-AMERICAN ABUSE vs. ANGLO ABUSE	43.960	22	.004*

*Significant at .05 probability level or less.

Overall, the major working hypotheses of the project were confirmed. Highly significant differences were obtained for all the overall comparisons in Table 3 with the greatest difference between the Mexican-American Child Abuse (CHILD ABUSE) group and the Mexican-American Substance Abuse (SUB ABUSE group is a combination of Alcohol and Drug groups). Ethnicity proved to be an important variable. Mexican-American Abusers (ABUSE group is a combination of Child Abuse, Drug, and Alcohol groups) and Anglo Abusers differ in their questionnaire responses at the .004 significance level.

From the 22 factor analyzed variables, the discriminant analyses attempted to classify subjects into experimental and control groupings. The accuracy of those categorizations range from 71.1% to 100%. For one of the classifications of much practical interest, 100% of Anglo Child Abusers and 93.9% of their Controls were correctly assigned. Among Mexican-American subjects, 81.8% of Child Abusers and 81.4% of their Controls were correctly classified. Mexican-American Controls were classified correctly in comparisons with all Abusers 81.4% of the time whereas the Abusers were identified as such 78.1% of the time. Anglo Controls were correctly predicted for 87.9% of the cases when compared with Anglo Abusers, who were classified properly 93.7% of the time.

STRESS

The five stress factors found using the factor analyses may be described by the sources of stress loading high as follows: STRESS1 was Additions to Family, STRESS2 was Health, STRESS3 was Employment, STRESS4 was Income, and STRESS5 was Peer Separation.

Questions loading highly on STRESS1 dealt with the occurrence of pregnancy or addition of a new family member in the past two years. Only for the comparison of Mexican-American Child Abusers with Controls ($p<.01$) and with Substance Abusers ($p<.001$) did STRESS1 differentiate.

Questions loading high on STRESS2 related to illness or injury of the respondent or mate within the past two years. Ethnicity proved to be important on this factor. Anglo Abusers were more likely ($p<.05$) than Mexican-American Abusers to experience poor health. The difference was more pronounced ($p<.01$) when Anglo Abusers were compared with their Controls.

Employment was the theme of STRESS3. Items contributing substantially to the factor were "Work or business changed in last two years?" and "Trouble meeting payments?". Mexican-American Child Abuse subjects demonstrated more employment interruption than did Mexican-American Substance Abusers ($p<.05$). All types of Mexican-American Abusers had more employment problems than Controls ($p<.05$).

Income-related items provided the basis for the STRESS4 factor. Mexican-American Abusers had significantly ($p<.01$) more income problems than their Controls. Much of this difference can be attributed to the Mexican-American Child Abusers since that group was highly significant ($p<.001$) in exhibiting more income disruption than Controls. STRESS4 was not an important differentiating factor for the Anglo groups.

Separation from peers was the central theme of the STRESS5 factor. Loading high were items asking about relocation and death of a close friend. For Mexican-American subjects, both the Abusers and Child Abusers showed highly significant differences when compared with Controls ($p<.001$). The same held true for the Anglo subjects. In fact, Anglo Abuse subjects experienced more peer separation than Mexican-American Abusers ($p<.01$).

REALITY

A set of three factors emerged which reflected the subjects' perceptions of reality, past and present. REALITY1 was termed Personal Impact and Influence, REALITY2 was Personal Contentment, and REALITY3 was named Change in Self-Perception.

REALITY1 included items which explored the locus of responsibility for events occurring in the respondent's life. Subjects were offered the choice of "Your own or other efforts" or "Fate or luck" to explain good and bad occurrences in their lives. Although Mexican-American Abusers scored significantly higher ($p<.001$) on the factor than Anglo Abusers, no differences emerged in the other comparisons. While the factor has a definite ability to detect ethnic variances, it does not contribute to the explanation of child or substance abuse.

Subjects reporting less personal happiness presently and in the past scored high on REALITY2. Results revealed a greater personal dissatisfaction on the part of Abusers from both the major ethnic groups. The strongest difference was noted between Anglo Abusers and their Controls ($p<.01$). Other significant differences arose in comparisons between Anglo Child Abusers and Controls ($p<.05$), Mexican-American Child Abusers and Controls ($p<.05$), and Mexican-American Child Abusers and Substance Abusers ($p<.05$).

REALITY3 was comprised of items dealing with perception of change in personal happiness from childhood to adulthood. No difference emerged in the comparisons between and among the groups.

PARENTS AND CHILDREN

A single factor, PARENTS, gathered information on the parent's perceptions of his/her own childhood. PARENTS proved important in differentiating between Mexican-American Abusers and Controls. Mexican-American Abusers were very likely ($p<.01$) to report a relatively unhappy childhood as compared to Controls. Curiously, this factor did not differentiate between the Anglo subject groupings.

CHILDREN1 was composed of items dealing with the amount of time the respondent and his/her mate spent at home and with the children. This factor produced interesting ethnic differences. Mexican-American Abusers generally felt that the amount of time parents spent at home with children was enough as compared to Anglo Abusers ($p<.01$). Yet, Mexican-American Child Abusers were significantly less satisfied than Substance Abusers in this respect ($p<.05$). In addition, Anglo Child Abusers were less satisfied with parental time investment at home than their Controls ($p<.05$). No differences were found on the CHILDREN2 factor, which investigated the time spent away from both home and the children.

FAMILY

Questions asked of respondents explored children's roles in the family, mate compatability, and expectations of parents concerning themselves and their children. The six factors which resulted from these questions were FAMILY1, Respondent's Expectations of Child's Self-Reliance; FAMILY2, Reactions to Time with Children; FAMILY3, Children and Family Stress; FAMILY4, Expectations of Mate; FAMILY5, Respondent/Mate Communication, and FAMILY6, Compatability with Mate.

FAMILY1 dealt with the respondent's expectations of his/her children's ability to care for themselves, i.e., self-reliance. This factor had a different response from the major ethnic groups. Mexican-American Abuser parents had higher expectations of self-reliance from their children than Anglo Abuser parents ($p<.05$). Mexican-American Abusers and Child Abusers had higher expectations for self-reliance than their Controls ($p<.01$). The findings of no difference between Mexican-American Child Abusers and Substance Abusers suggests that abuse and high expectations for self-reliance are associated for Mexican-Americans. In Anglos, no differences emerged on FAMILY1.

Reactions by respondents to time spent with their children formed the basis for FAMILY2. This factor was crucial for Anglo comparisons only. Anglo Abusers were more dissatisfied with both the quality and quantity of time spent with their children than were Controls ($p<.05$). This difference also held for the comparison between Anglo Child Abusers and Controls ($p<.05$). The lack of a significant difference between Anglo Child Abuser and Substance Abuser groups suggests the important contribution of negative reactions to time spent with children to all types of abuse by Anglo parents.

FAMILY3 tapped various stresses on the family resulting from children's actions. Family size, school problems, and reliance on children were areas explored by questions weighing heavily on this factor. In both ethnic groups, Child Abuse subjects were significantly more stressed by their children than were Substance Abusers ($p<.01$). Additionally Anglo Child Abusers reported more stress created by children than Controls ($p<.01$).

Items dealing with expectations of the respondent's mate formed the FAMILY4 factor. Subjects of both ethnic groups were well differentiated between experimental groupings on FAMILY4. Anglo Abusers had significantly more ($p<.01$) difficulties with expectations of their mate than did Mexican-American Abusers. Within their own ethnic group comparisons, Anglo child Abusers reported more difficulties ($p<.05$) than Substance Abusers, and considerably more difficulties than their Controls ($p<.001$). Anglo Abusers reported significantly more difficulties in mate expectations than did Controls ($p<.001$). Mexican-American Child Abuse subjects reported more difficulties in expectations than Controls ($p<.01$), and considerably more ($p<.001$) than Substance Abusers.

FAMILY5 was based on items examining respondent-mate communication. Only the comparison of Anglo Child Abusers with Substance Abusers revealed a significant difference ($p<.05$). The Anglo Child Abuser reported less effective efforts to communicate with his/her mate than did the Substance Abuser.

Compatability with one's mate was the essence of the FAMILY6 factor. Although Anglo Abusers reported more arguments and negative affect in the mate relationship than did Mexican-American Abusers ($p<.05$), FAMILY6 was a crucial factor of the Mexican-American groups. Mexican-American Child Abusers viewed compatability as much poorer ($p<.001$) than either their Controls, or Substance Abusers ($p<.01$). The fact that Controls viewed the mate relationship as more compatible was underscored by their difference in this direction when compared with Abusers of all types for both ethnic groups ($p<.02$ for Mexican-Americans and $p<.05$ for Anglos).

ALCOHOL

Although the design of the sample provided for alcohol abusers being selected for that characteristic, the questionnaire included two items to gauge the nature of alcohol use by respondents. ALCOHOL1 represented the accumulation of several questions on the use of alcohol by respondents including where they drink and whether in the presence of their children. The results were much as expected. Mexican-American Abusers and Anglo Abusers reported more visible drinking behavior than their respective Controls ($p<.01$). Mexican-American Substance Abusers reported more drinking than did Child Abusers ($p<.001$). Although the tendency was in that direction, a significant difference was not reached in the analogous comparison between Anglo groups. On the whole, Mexican-American Abusers reported significantly more drinking than did the Anglo Abusers.

The ALCOHOL2 factor explored anxiety and depression associated with drinking plus possible hereditary influences. This factor strongly differentiated both Mexican-American and Anglo Abusers from their respective Controls ($p<.001$), with the Abusers showing more mental symptoms and family history of drinking. Both Mexican-American and Anglo Child Abusers reported significantly ($p<.001$) more of these problems than their respective Controls. It was interesting to learn that there was no difference in either ethnic group for the drinking problems associated with ALCOHOL2 between the Child Abuse and Substance Abuse subjects.

DRUG USE/KNOWLEDGE

Several items on the questionnaire explored the respondent's knowledge and use of drugs, including heroin and marijuana. Because use of these drugs is illicit, respondents were reluctant to be very open on this section of the questionnaire. Regardless, three factors emerged: MARIJUANA, Marijuana Use and Knowledge; HEROIN1, Knowledge of Heroin Use, and HEROIN2, Effect of Heroin on Self and Family.

Items comprising the MARIJUANA factor covered knowledge of marijuana's form, people who use the drug, and personal use by the respondent. As would be expected, Substance Abusers of both ethnic groups reported significantly more knowledge and use of marijuana than did Child Abusers of the same ethnicity (p<.001 for Mexican-Americans and p<.05 for Anglos). Abusers from both ethnic groups evidenced more knowledge and use of marijuana than did their respective Controls (p<.001), indicating the high weighting of the Substance Abuse subjects on MARIJUANA.

HEROIN1 items explored knowledge of the substance heroin and people who use it. As expected, Substance Abusers from both ethnic groups showed more familiarity with heroin than did Child Abusers of their ethnicity (p<.001). The strength of this difference was further demonstrated by the significant (p<.001) differences between Abusers of each ethnic group and their respective Controls. Apparently, Child Abusers are not unfamiliar with heroin, at least among Anglos. A difference at the .05 level was found for HEROIN1 between Anglo Child Abusers and their Controls. HEROIN2 examined effects of heroin use on interaction with children at home. No differences were found on any of the comparisons.

DISCUSSION

Inferences from the data presented in this report must be tentative for several reasons. Although the findings presented in the Results section are based on 341 subjects, the factor structure was derived from data on only 80 subjects. Some items were not entered into the factor analysis due to incomplete data and insufficient distribution of responses. Preliminary comparisons of differences on factors and items loading high on them suggest that the factor analysis based on the final sample of approximately 1,000 interviews will show somewhat different results.

The final sample itself will bear some important improved features. This study contained no Blacks despite the presence of this group as a third main ethnic group in San Antonio, and few Anglo Alcohol Abuse clients were located for the study. Both these differences are being remedied for the final sample. The subjects in this report were biased toward higher income Control subjects, or, conversely, to lower income Experimental subjects. The latter is more likely since cooperation from referral sources has been achieved with public or nonprofit agencies and their caseloads are skewed to the lower end of the income scale. A correction of this problem is not likely for the final sample.

Definitional issues offer further cautions to conclusions based on this report. After considerable difficulty arriving at specific criteria for classifying subjects as child, alcohol, or drug abusers, the pragmatic decision was made to accept the referring agency's criteria even though these differed among referral sources. Since many drug and alcohol abuse clients were referred from Victory Outreach, a religious program, the criteria for substance abusers may have biased the sample toward inclusion of persons willing to participate in a highly religious program, especially among alcohol abusers.

The overall discriminant analysis revealed a clear separation of the various Experimental and Control groups. With all of the differences likely to occur less often than one time per hundred, the power of the questionnaire to reflect differences between Abuse groups and their Controls was demonstrated. So were the ethnic differences between Mexican-American Abusers and Anglo Abusers. Future studies of child or substance abuse will need to treat ethnicity as a variable, at least in mixed populations including Mexican-Americans and Anglos.

ALCOHOL AND DRUG USE

Results of the chief factors of interest, i.e., drug and alcohol use, were mildly promising. The ALCOHOL1 factor did not support our major hypothesis (i.e., a positive relationship between the abuse of substances and the abuse or neglect of children). However, ALCOHOL2 which coupled the anxiety or depression associated with drinking and a family history of drinking led to interesting findings. In both Mexican-Americans and Anglos, Child Abusers reported more of these problems than Controls. In fact, they did not differ from the identified Substance Abusers of their respective ethnicities. It might be that Child Abusers manifest a certain type of alcohol abuse, perhaps learned from their parents, where they drink to relieve troubling mental symptoms. Responses to the drug use factors added little, probably because respondents were reluctant to state the commission of illicit acts. The significant difference between Anglo Child Abusers and their Controls in HEROIN1 which deals with knowledge of heroin and heroin users bears close scrutiny to see if it holds up in the final sample analysis.

STRESS

For Mexican-American subjects, STRESS1 revealed that Child Abusers had experienced more additions to family within the past two years than either Controls or Substance Abusers. This could be a situational stressor that, added to other causal forces, might precipitate an incident of child abuse. STRESS2 was a more sensitive factor among Anglos. Abusers of that ethnic group experienced poorer health recently as compared to Mexican-American Abusers and Anglo Controls. This illness or injury may be a precipitant to a form of self or child abuse among Anglos. It will be interesting to see if the differences persist in the final analysis.

Interruption of employment was the theme of STRESS3 and bore heavily on differences among Mexican-American groups. Child Abusers had the most severe employment instability, followed by Substance Abusers and then Controls. Stress induced by the insecurities of unemployment may contribute substantially to instances of Mexican-American child abuse or self abuse through chemical means. A related factor, STRESS4, dealt with income and again was a crucial factor among Mexican-American Substance Abusers. Perhaps source of income is a key factor among Mexicans in determining whether abuse is inflicted upon oneself or upon one's child, with disrupted employment related to child abuse incidents.

Separation from peers was the central focus of STRESS5. Abusers from both ethnic groups had experienced more interruption of peer relationships than Controls, and this was especially true for Child Abusers. This factor was stronger for Anglo Abusers than for Mexican-American Abusers. Perhaps the loss of people with whom to share frustrations and enjoy activities and companionship leaves the potential child abuser tense and more vulnerable to impulsive striking out.

REALITY

While REALITY1 indicated that Mexican-American subjects attributed more responsibility for events to forces external to themselves than did Anglos, this factor did not loom important in explaining child abuse and its relationship to substance abuse. REALITY2, which dealt with personal contentment, distinguished far better. Abusers of both ethnicities reported less past and present personal happiness. For Anglos, this finding was approximately of the same strength for both Child and Substance Abusers. Yet, for Mexican-Americans, Child Abusers reported more dissatisfaction than Substance Abusers. A lack of personal contentment, then, is a personality feature that contributes to or results from chemical or child abuse. Whether this feature precedes situational stresses or other forces or results from them bears further investigation. The finding of no differences among groups in change of personal happiness from childhood to adulthood on REALITY3 is suggestive of personal contentment as an abuse-predisposing conditions triggered by acute events.

TIME SPENT WITH CHILDREN

Satisfaction with the amount of time that parents spent with their children at home had a bearing on the groups of interest, especially among Anglo subjects. Anglo Child Abusers were more dissatisfied with time spent at home with children (CHILDREN1) than were Controls and Substance Abusers. In Mexican-Americans, the Child Abusers were more dissatisfied than the Substance Abusers, but not different than Controls.

FAMILY

Quality of time with children is influenced considerably by the Respondent's Expectations of Child's Self-Reliance, FAMILY1. This variable differentiated among Mexican-American groups except between Child Abusers and Substance Abusers. Unrealistically high expectations of children can lead to frustration with children's "dependencies" and to either child abuse or substance abuse among Mexican-Americans.

Anglos had negative Reactions to Time with Children, FAMILY2, while no differences were found among Mexican-Americans. All types of Anglo Abusers felt more negative than Controls about the quantity and quality of time spent with children. Apparently, a lack of enjoying one's time with children is frustrating enough among Anglos to lead to self or child abuse. Child Abusers of both ethnic groups reported more family stress on FAMILY3 than did Substance Abusers. Apparently, the choice of target for abusive behavior is related to the locus of perceived stress.

The remainder of the FAMILY factors dealt with the relationship between mates. Expectations of mates (FAMILY4) clearly differentiated the subject groups. Anglo Abusers reported more difficulty in mate expectations than did Mexican-American Abusers. Child

Abusers of both ethnic groups reported incompatability of expectations, with this factor separating Anglo Child Abusers more from Controls and Mexican-American Child Abusers more from Substance Abusers. These strong findings lead one to believe that an atmosphere of disharmony is present in many Abusers' homes, especially those of the Child Abusers. FAMILY5 supported this notion with respect to mate communication among Anglo Child Abusers as compared with Substance Abusers. For Mexican-Americans, mate incompatability (FAMILY6) revealed large differences among the study groups, with Child Abusers reporting the most incongruency. There is little doubt that mate differences are related to child abuse and substance abuse with patterns varying according to ethnicity. Most of the ethnic variation is explicable as semantic. Anglo subjects seem to label and evaluate difficulties in communication more readily than Mexican-American subjects whereas Mexican-American subjects reveal their differences by answering specific, behavioral questions about spouse interaction. Factor analysis on the final sample may separate some different items into factors that will more clearly partition mate relationships and their impact on the family.

For this report, practical applications of findings will not be addressed, due to methodological improvements being made for the final data analysis. However, the data obtained thus far emphasizes the importance of exploring the budding of child abuse among substance abusers. Further, the relationship between mates in child abuse families is not good, and child abuse potential could be explored in families evidencing marital incompatability and the other factors identified in this study as differentiating child abusers from other abusers.

Finally, many differences found in this study applied only to Mexican-American or Anglo subjects. Service agencies working with chemical or child abusing clients need to become responsive to these differences.

The SACA/N Project is ongoing and will be completed in June, 1978. For further information, write to: The San Antonio Child Abuse/Neglect Research Project, 2811 Guadalupe St., San Antonio, Texas, 78207.

Paradoxical Aspects of the Housewife/Mother's Role in Society

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"A jolly place," said he, "in times of old!" "But something ails it now..." Wordsworth—Hart-leap Well, Pt. II.

These lines of Wordsworth's are not unlike the statements and sentiments used by sociological experts to describe the changes on the home front. Something has gone awry.

Housewife/mothers have suspected for some time that something was going wrong, but only recently have they begun to announce their own"findings". Changes are in the wind! The invitation for members of this panel to participate in this National Conference on Child Abuse confirms that at least some experts are convinced that the housewife/mother, who is personally involved in family life (to say the least) has worthwhile ideas about what the problems are.

This conference was called to explore ways that the community and family can join efforts to meet the challenging responsibility of rearing children so that they can grow without the scarred personalities that result from abuse and neglect, and so that parents can enjoy and take pride in nurturing their children. Families need help in solving specific problems. But beyond that, there is the need for the creation of a social and economic atmosphere that fosters healthy parent-child relationships, healthy parent-parent relationships as well.

However, to talk about the family as "the family" is an evasive generality. If we are serious about helping families rear their children more skillfully, we must look at the people who head the family. In this workshop, this means talking about one of the parents—the housewife/mother. We must confront reality. She does not perform her role in a vacuum or in a controlled, research-type setting. She must handle her responsibilities as mother and homemaker in the real world--a world in which her role depends to some extent on factors beyond her control. The possibility that her husband may lose his job hovers in the background for many wives. Amidst updated announcements of the high divorce rate, she may wonder if she is to become one of those statistics. Though educators themselves are unsure, the housewife/mother needs to try to understand the school system so that her children stand a chance in it. Meanwhile, her children are coping—for better or worse—with influences that originate outside the home, and she must try to help them make wise choices. Finally, as her children's shoes become too small and their jeans or dresses too short, she must worry not only about replacing clothes, but also be reminded that the children are growing and will be gone some day. Then, what will she do with her time, with her love, with her mind?

The past 25 years have brought significant changes in attitudes about the woman who is a full-time housewife and mother. The adjective "successful" is seldom applied to her. The once normal expectation that she would stay home is—so we hear—being replaced by the opinion that she is abnormal, inadequate or without ambition if she is not occupied outside the home or at least preparing for a career. Attempts to offset such opinions and to upgrade the housewife/mother's role by semantic sleight-of-tongue through the use of titles like "domestic engineer" have failed. The use of the title "homemaker" has not brought dramatic transformation of attitude, but the use of both titles has given notice that housewife/mothers think they are being put down. I use the title "just a housewife" because I believe that more needs to be changed than the title, and that one has to begin where it's at.

It seems strange that mothers were given more credit by society for parenting when—if not easier—it was certainly less complicated. Twenty-five years ago Dr. Benjamin Spock was the single important voice of guidance for the rearing of children. Now there are hosts of voices competing for the parent's ear, each claiming to have a sure technique for rearing children. Traditional concerns such as the effect of thumb-sucking on teeth and the effect of toilet training on the personality have been augmented with concerns over sex-role identity, occupational goals, and similar questions. For the secure parent, all this expert advice is just that--advice. For the less secure parent, the overload of conflicting advice may add to the confusion and may further erode an already fragile self-confidence. The process of obtaining assistance may be more confusing than the situation for which assistance is needed.

Twenty-five years ago the vast majority of married women with school-age children were on the job at home full time. Not so today. According to Professor Urie Bronfenbrenner of Cornell University, 54% of mothers of school-age children were working outside the home in 1975, as opposed to the 28% in 1950. In 1975, 39% of mothers with children under six were working; 33% of mothers with children under three were working (Washington Post, 1977). Occupation has become a major basis for personal identity, the proof of accomplishment and self-worth. Being productively employed is more than a source of income; it is a source of status in our society where the question, "What do you do?" inevitably follows the question, "How do you do?".

Value clarification is the "in" topic when educators meet, but there exists no standardized formula by which the role of the housewife/mother can be measured and evaluated. Understandably, if a so-called value cannot be measured and computed in our computerized age, it is presumed not to exist.

Although the housewife/mother does have a career ladder, it has no scale for promotion, only a scale for demotion. A woman on this career ladder starts at the top when young. As she perfects her skills on the job as wife, mother, and homemaker, she works her way down the career ladder. Upon nearing the bottom rung, her children will leave home, and increasingly, through death or divorce, her husband, too. In fact, the housewife/mother may, upon reaching the bottom rung of her ladder, abruptly discover that she not only has less to do, but that she has no home in which to do it. Pending legislation to provide job training and placement assistance for "displaced" homemakers recognizes that the housewife/mother needs help. After some twenty years of work, when one might be expected to be at the peak of a chosen career with a lengthy vita, the full-time housewife/mother's portfolio is empty.

Paradoxically, in an occupation-conscious society, the housewife/mother--even when she is at the peak of her career ladder--is not considered to be officially occupied. John Kenneth Galbraith in *Economics and the Public Purpose* (1973), with a combination of knowledge and foresight, devoted a chapter to the housewife's contribution to the economic system. His appraisal of these contributions includes: selection, purchase, and delivery of merchandise (shopping), and in the case of food, preparation for consumption; care of the home and the direct care of children; procurement of health care for the family; involvement in the provision of education and recreation for the children; and volunteer aid to the community's social, health, and educational institutions. According to Galbraith:

> "Were the workers so employed subject to pecuniary compensations, they would be by far the largest single category in the labor force. The value of the services of the housewife has been calculated, somewhat impressionistically, at roughly one-fourth of Gross National Product."

But, as Galbraith points out, this work of the housewife is not counted in the GNP. Even though GNP is a term that the housewife/mother understands--it is a household word--she is not considered to be "occupied" and the tasks listed above are not counted in the GNP when performed by the housewife.

The Women's Lib movement, coupled with equal rights legislation, has struck down many of the barriers against women in education and the labor market. The fact of obvious ability, and the newness of the opportunities to use this ability, have given women in the working world group recognition and singular attention. This makes the ongoing lack of recognition of what women do at home all the more obvious. The lack of comparable action to increase the status of women who are primarily involved in family and household responsibilities has broadened the breach between them and employed women. It has made the latter's work appear more important, the former's work less so. Opposition to the Equal Rights Amendment has been lodged by some women who are not in the labor force or preparing for employment; they have apparently not envisioned the ERA as expanding rights or opportunities for them. The result is that women have become divided on yet another issue, and are expending energy on polarization. Groups of women who might be mutually helpful are arguing about who has it easier, who has it better.

Federal Aid to Families with Dependent Children was established in the mid-1930's with the original intention of enabling mothers with no income to stay home and care for young children. This program was intended in part to help prevent neglect and abuse in a single-parent family in which the mother would otherwise have to leave her children anywhere, or with anybody or nobody, in order to work and survive.

Since 1967 the official federal stance has been to strongly encourage the mother receiving such aid to seek training and employment. One consequence of this position was the beginning of a federally-financed multi-million dollar day care program for mothers in job training. This program opened employment opportunities for women. Women who had no previous occupational status while caring for their own children found jobs in day care centers. As a result, they became social security card-carrying members of the work force and were counted in the GNP. In a sense the government helped both groups of women, but there was an odd message in this act of assistance. Mothers were told that the federal government would pay some women more to care for other women's children than it would give in assistance to mothers to stay home. The government was saying, in effect, "You are working when you care for someone else's children, but you are not working when you care for your own."

Gradually, another result of the day care program has become evident. Mothers who work, whether because of economic need, desire for more family income, or for self-actualization, need day care facilities. The growing demand for this service, and the high cost of providing it, has led to direct federal subsidy of day care centers. Beyond that, the recent Internal Revenue reforms include tax credits ($800 limit per family) for the paid care of children and dependent handicapped adults inside or outside the home. This form of subsidy for paid child care has had a side effect of creating a still greater demand for adequate day care facilities.

The federal government subsidizes day care centers directly and indirectly. It subsidizes institutions caring for dependent and handicapped persons. It subsidizes institutional and foster care programs for children from broken homes. It requires that the husband and father be out of the home before assistance is granted to dependent children. The government subsidizes the fragmented family to a far greater extent than it provides supplemental support that might enable a family to remain intact.

These changes and trends have taken place to the accompaniment of constant, calculated and frequently infantile radio and television commercials that frequently portray the housewife/mother as vain, stupid, and gullible enough to buy anything. There appears to be no consideration of the damaging effect of these commercials on the family's self-image. What about the woman who has trouble buying enough food to put in her dishes—sparkling clean or otherwise--who is told that if she uses the right detergent she won't need a maid? And, how does she feel about the television star extolling the virtue of a substitute orange juice when she can't buy the real thing praised by another famous person? It seems odd to think about how much these people are paid to demonstrate products that the housewife/mother uses in her "non-job."

As a result of the cited trends and developments, the full-time housewife/mother at all income levels--and increasingly in all cultural groups--has found herself in a devastatingly devalued position. She is performing in an occupation that is not recognized as an occupation. As she goes about her tasks, she is reminded that each of them would have more importance and more value if done by another person for pay. All this has left the impression that it is she who does not count. Continuing to work in this atmosphere puts the housewife/mother in the untenable position of collaboration with society in a process of self-veto.

A paradox exists. The housewife/mother in a devalued role is expected to perform responsibly, competently, even good-humoredly in the many roles for which even John Kenneth Galbraith has given her credit. In a society which places great store by personal achievement, the housewife/mother is involved primarily as an enabler, helping other family members reach their goals, achieve their potential, and develop strong self-images. This is at best an uphill job, and even the most appreciative and helpful family cannot fully offset the impact of society's messages that tell her she does not really count. What's the bottom line for the child—girl or boy—growing up in a society that is permeated with these paradoxical messages?

What does the housewife/mother do when she finds herself in this untenable position? She can leave it--and many have. She can deny its existence. She can defend the position in "my country, right or wrong" style. She can overplay the submissive dedication to family. Either extreme--denial or glorification--is an attempt to cope, but this approach removes any rationale for negative feelings she may have about the situation. She can see no reason for her lack of incentive to create a caring and stimulating atmosphere in the home. No reason for temper flare-ups that may result in specific incidents of child abuse, no reason for those incapacitating periods of depression that descend like a cloud. She is finally left with the impression—or worse, the diagnosis—that there is no option but to blame herself for being the apathetic victim, without ambition, drowning in self-pity. But underneath there is anger, and because of this anger--for which there is no apparent reason—there is guilt. This sets the stage for a cycle of anger, striking out, guilt, over-compensation, anger again for overwork, striking out and around it goes. All this with no discernible rationale.

What is the bottom line for the child in such a family? What is the bottom line for the husband? Children and husbands are the people most likely to bear the brunt of angry feelings that are the result of societal pressures. It's hard to tell off society!

Major policy changes will be required to create a support system for the family unit in which the role of the person taking the major responsibility for the care of children and the home is recognized as having value. As an initial step in this direction, I have proposed a Department of Households on the cabinet level. Such a department could begin to make some sense out of conflicting messages that society is currently sending us. Another proposal which I have made is a White House Conference for Homemakers. Such a conference would highlight the importance of the responsibilities of the homemakers. I have sent both of these proposals to President Carter.

Housewife/mothers need all the assistance they can get from governmental leaders, legislators, and social scientists. But the time has come for homemakers themselves to participate in all planning that concerns the family.

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Child Abuse: The United Kingdom—Another Country, Another Perspective

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> The child shall enjoy special protection and shall be given opportunities and facilities, by law and by other means, to enable him to develop physically, mentally, morally, spiritually, and socially in a healthy and normal manner and in conditions of freedom and dignity. In the enactment of laws for this purpose, the best interests of the child shall be the paramount consideration (United Nations Charter, Principle 2, Declaration of the Rights of the Child).

INTRODUCTION

The United Nations Declaration of Human Rights sets out a clear mandate for children. Unfortunately, resolutions, however well intentioned, do not take into account the perversities of human nature, and child abuse continues to present a major problem, both nationally and internationally.

In the past few years an increasing number of countries have become particularly concerned at the numbers of children who receive nonaccidental injuries at the hands of their parents or guardians. Many of these children suffer trauma that will affect them for the rest of their lives, while others die as the result of their injuries. The tragedy is that a large number of these families could have been helped and the suffering of these children prevented had those responsible for providing service been attuned to the real needs of the families concerned and understood what they have to tell us.

More and more we have recognized that this is a phenomenon that crosses all national frontiers and is one in which we can all learn from each other's experiences to the ultimate benefit of those we serve. On the international scene, events have transpired quite rapidly. The first International Congress on Child Abuse took place in Geneva in September 1976. The second is to be held in London at the Imperial College from the 12th to the 15th September. 1978.

The following is a discussion of some of the developments that have taken place within the United Kingdom that have relevance to any consideration of present service delivery systems and their effectiveness.

HISTORICAL TRENDS

If one studies the historic beginnings of services to protect children, it becomes immediately apparent that there have always been strong links of cooperation between the United Kingdom and the United States. For example, the story of Mary Ellen, whose suffering in 1874 affected American legislation and brought about the founding of the New York Society for the Prevention of Cruelty to Children, had an indirect but significant bearing on what followed in England. As the movement in America gained momentum, numerous people were becoming growingly concerned about the number of children who appeared to be suffering needlessly in Great Britain, and many letters were written to the press, urging that some action be taken.

In 1881, following these events, a Liverpool businessman, Mr. Agnew, visiting New York, saw the title Society for the Prevention of Cruelty to Children. He got an introduction to its president, Mr. Elbridge T. Gerry, who, together with a Mr. F. T. Jenkins, the superintendent of the Society's Children's Shelter, did all they could to help him in his quest for information (Morton, n.d.). This resulted in the promotion of a similar organization in Liverpool which was swiftly followed by the setting up of the National Society for the Prevention of Cruelty to Children (NSPCC) with branches all over the country and a headquarters in London. That organization is now the oldest and most experienced independent child protection agency in the United Kingdom, undoubtedly owing its existence to the courtesy, patience, and cooperation shown by our American colleagues back in those early days.

PROBLEMS OF STATUTORY PROVISION

Although statutory welfare services are provided as a right in the United Kingdom, it is a misconception to think that the state alone can provide all services necessary to adequately meet the needs of deprived children.

Too often social services departments find themselves short staffed with the added problem of very high generic caseloads to deal with a situation which frequently precludes them from being able to provide the on-demand availability so necessary for many of the families we see.

One has only to examine the statistics of the NSPCC to see that this agency alone was called upon to provide service to 52,200 children during last year and of these, 34,850 were potentially at risk of abuse (NSPCC, 1976).

THE NSPCC RESEARCH-TREATMENT PROGRAM

By 1967, the National Society for the Prevention of Cruelty to Children, together with a number of eminent members of the medical and legal profession, was becoming increasingly concerned at the number of very young children coming to notice with serious physical injuries for which there appeared to be no adequate explanation. NSPCC undertook a study seeking to find ways of effectively intervening in family situations where children under the age of four had suffered, or were in danger of suffering, nonaccidental injury and to create an informed body of knowledge about the syndrome (NSPCC, 1976). By contrast with some other studies, the NSPCC project was primarily social work orientated and community based; a consultant psychiatrist and psychologist were available to the team for consultation and assessment purposes.

The department was established in October, 1968 and in 1974 was expanded to become the NSPCC's National Advisory Center on the Battered Child. As part of its clinical treatment program, a 24-hour on-call service is provided to the hospitals and communities of four London boroughs. Families are referred for help at any time of the day or night, and self-referrals are encouraged. Facilities include a therapeutic day nursery, play therapy for the children, and group therapy for parents. Appropriate psychological and psychiatric services are also available. Current research, assisted by a grant from the Department of Health and Social Security, involves two projects. The first is concerned with the analysis of video recordings of mother-infant interaction. Its purpose is to discover and demonstrate to workers in the field essential behavioral differences between parents who physically injure their infants and those who do not. A second project is aimed at devising a method of investigating subsequent health and educational development in children who have suffered nonaccidental injury.

Over the years, the department has published a number of articles and research reports, the latest of which are *At Risk*, an account of the work of the Battered Child Research Department (NSPCC, 1976), and "Case Conferences--a Cause for Concern" (1976).

Proposals put forward by the department have led to the setting up of seven special treatment units by the NSPCC. These units are linked to the National Advisory Center for research purposes and have responsibility for administering and monitoring registers of suspected nonaccidental injury in their regions.

The informed body of knowledge accumulated from its work over the last eight years has enabled the center to provide educational and consultative facilities to many agencies and bodies, both nationally and internationally. There are also strong links between the National Advisory Center in the United Kingdom and that headed by Professor Henry Kempe in the United States.

RESEARCH FACTORS HIGHLIGHTED IN THE BRITISH STUDIES

Family Psychopathology: The Children

Two earlier studies showed that the greatest number of children coming to attention were in the five month or under category and that the younger the child, the more likely it is to be injured and the more serious the injury is likely to be (Skinner and Castle, 1969; Castle and Kerr, 1972). This has subsequently been supported in other reports (Rose et al, 1976; Oliver et al, 1974).

Trauma to the soft tissues of the face and mouth appeared in 43.5 percent of all cases notified, and it became clear that bruises and injuries that might appear to be of a minor nature could signify the beginnings of increasingly violent forms of injury. It has been pointed out that the high incidence of trauma to the face may, like bruising, be an aid to early diagnosis of a nurturing problem that, if modified, may avert serious injury to a child.

In families where a firstborn child has been injured, records showed that there was a 13 to 1 chance that a subsequent child would be injured. The high risk in these families is a finding of particular importance to all those who take responsibility of weighing up the risks of supervised home care for the nonaccidentally injured child against an alternative protective course of action.

Low birth weight is a consistent factor, and in both the studies mentioned there was a significantly high rate, 13 percent and 14.5 percent respectively, more than twice the average nationally for that period. Of the most important factors, feeding difficulties and continual crying present as those causing parents most distress as illustrated by the following statement from a mother.

> I felt no love for the child when it arrived, and on getting home from the hospital, felt very distressed by a feeling of fear and inadequacy. This was accentuated when the baby cried to the point of almost uncontrollable rage and revulsion. The need to stop the noise was as overwhelming as that of a drowning person to clutch at something solid.

Family Psychopathology: The Parents

A number of suppositions are prevalent concerning the parents involved. Some suggest that the majority are of psychopathic personality and cannot be helped; others say they are individuals of low intelligence. Psychological and social work studies carried out at the National Advisory Center with the cooperation of parents do not support these propositions. Tests (Wechsler Adult Intelligence Scale and Cattell Sixteen Personality Factor Test) of a group of battering parents matched with a control group for parental and child age, ordinal position of the child, social class, educational level, type of living accommodation, and nationality, showed that the mean IQ's of both groups fell within the normal range. The majority are neither mentally subnormal nor frankly psychotic, although personality problems of long standing are more common among battering parents than the general population.

The tests did show that parents who injured their children were relatively less able in their command of verbal concepts than in their practical abilities, which suggests a rather concrete style of thinking, consistent with relative difficulty in seeing the consequences of actions and in controlling impulses to act. The integration of these findings with those of the social work research confirm an implication of immaturity, impracticality, and a tendency to flee into fantasy in the face of real problems.

Our report points out that "there is no support in this investigation for the idea that battering (as it is more widely known), is undertaken by the mother while the father passively looks on, nor for the reverse situation". Test results concur in showing abnormalities in both parents. The main contributions of the fathers are their own specifically introverted schizoid personalities. They present an abnormally introverted group.

Close contact with these families reveals that in many cases the parents themselves have from early childhood been consistently subjected to experiences of disapproval and rejection. Dr. Steele (1970), the eminent American psychiatrist, in his studies of families in which children have been abused, writes that "throughout life they (the parents) have pathetically yearned for good mothering, returning again and again to their mother, seeking for it but not finding it and ending up with disappointment, lowered self-esteem, and anger." Our own experience very much supports this view and, indeed, we have been struck by the similarity of patterns between those families being worked with here in the United States and those that we are working with in the United Kingdom. In many instances, if the names and details of residence were excluded you would be unable to tell which of our countries they actually came from.

Depression and anxiety are common, although hostility may mask the symptoms. While we know that nonaccidental injury occurs in all strata of society, we are seeing the greatest number of cases from the lower socioeconomic groups. This is not surprising when one considers that families in these groups are generally under much greater social stress and have fewer avenues of relief.

A question raised of late concerns the possible correlation between abused children and battered wives. The initial country-wide NSPCC study identified a group characterized by their essentially antisocial behavior of the predominantly aggressive type (Skinner and Castle). There were indications that these adults were habitually aggressive and that their behavior tended to be released against any source of irritation. In our latest study, nine mothers describe their husbands as having been physically violent towards them at some time.

In these families, the main lines of tension, aggression, and violence flowed between the parents rather than between parent and child. Children were more likely to be injured by accident rather than design. In three cases, the violence was serious, frequent, and associated with drink. The three men involved often resorted to violence in other situations. Although there was occasional violence towards the children, the disorder in the family was based primarily in the psychopathology of the father and, thus, in the marital relationship rather than in the parent-child relationship. The majority of nonaccidentally injured children do not appear to come from families in which the wife is also injured. There is, however, some overlap, and we will always see a number of parents who are habitually aggressive. These particular cases make special demands on those who, while attempting to protect a defenseless child, are confronted with the possibility of increasing hostility and tension that might further endanger life.

PROBLEMS OF PROVIDING SERVICE

At present, it is estimated that approximately 3,500 to 4,000 children under the age of four suffer nonaccidental injury at the hands of their parents or guardians annually in Great Britain (Rose et al). Over the last few years, there has been a growing recognition of the problem and, understandably, medical diagnosis, particularly in the field of pediatrics, is now much better than it was at the time we started our research. If, however, we accept that this is essentially a sociomedical problem that, in a large number of instances, could be prevented, we must also recognize that growing awareness and better medical diagnosis alone cannot resolve the problem. It will greatly assist in our understanding if those concerned with diagnosis, treatment, and, ultimately, prevention, are able to accept that in the majority of cases coming to our notice, the parents, due to those factors already discussed, are to a great degree captives of their own childhood experiences and have no conscious desire to harm their children.

Henry Kempe (1976) makes the point successfully when he says "with the exception of a relatively few sadistic parents, who are child torturers in the Dickens sense of the word, child abusers are, themselves, in very deep pain." In our attempts to offer effective support, it may also be helpful to remind ourselves that angry, aggressive feelings towards those we love are perfectly normal emotions. There are probably very few people with children who have not, at one time or another, been pushed to the limit of their endurance and have felt like doing the child an injury, using such expressions as "If that child doesn't stop, I'll kill him," or "Take that baby out of my sight before I strangle her." Many will recall instances when this kind of situation has arisen. How much worse must it be for young parents often living with children in social isolation, facing numerous pressures and stresses, and unable to cope because of their own limited experience of nurturing. These are adults who have very low points of tolerance and who do need a considerable amount of reaching out to, in a supportive, nonauthoritarian manner. If prevention of injury or reinjury is the aim, the main objectives must be this difficult task of demonstrating, within the context of the professional relationship, to parents who are often hostile and highly suspicious, a genuine concern and desire to help.

This must not blind us to the fact that we are going to see some adults who have been so badly damaged in their own childhood that they are never likely to be able to provide the relationship that is so important in a child's development, and where we will have to act using what legislation is necessary to secure the ongoing welfare and healthy emotional development of the child concerned.

Following the tragic Maria Colwell case, in which a child under the supervision of the local authorities died, the Department of Health and Social Security issued a memorandum, in which it said: "Recent events have left us in no doubt of the need to repeat the professional guidance about the diagnosis, care, prevention, and local organization necessary for the management of cases involving non-accidental injury to children" (DHSS, 1974), and went on to recommend the setting up of area review committees in all regions. While these committees are doing much to ensure better management of cases involving nonaccidental injury to children, tragedies continue to occur.

The following is a headline and extract from one of our national newspapers dated 26 November, 1976.

> Boy 2, Died After False Assumption by Authorities
>
> In Birmingham, a social worker erroneously assumed a health visitor was checking on a two year old boy who later died after a violent attack by his mother.

The enquiry, formally conducted by the district council and the area health authority, found that "the full picture of events was not known to any one agency involved in the case." The child concerned died from abdominal injuries three months after his older brother was taken into care as the result of nonaccidental injury. It was assumed that the older child was scapegoated and therefore the younger child was not at risk. Two months after intensive visiting commenced, the case was transferred from the Parent and Child Center to the local health visitor, who then became the primary worker.

"It is doubtful whether she realized the real risks that were inherent and she had not the time to give adequate support," says the enquiry. "Perhaps the most crucial aspect of decision-making in relation to the younger child was the lack of consideration and assessment, both at the case conference and the following month at the Juvenile Court."

A number of problems that could arise anywhere are highlighted by this case: lack of communication, changes of worker during the early stages of treatment, a primary worker overburdened and not sure of her role, inadequacy of the case conference, and inadequacy of the juvenile court. These are situations that all of us will come across from time to time, and it may be helpful to look at some of the lessons we can learn from them.

First, it must be recognized that our prime responsibility in cases of nonaccidental injury to children must be the protection and ongoing welfare of those children.

In many of the cases coming to the notice of the center, it has been found necessary to implement juvenile court proceedings at a very early stage; in a large number of instances, after assessment, a period of separation between parent and child has been seen as in the best interest of the family as a whole, while initial relationships are being established between worker and client. The initiation of juvenile court action as a coordinated part of a casework plan can often not only protect the child but also has the effect of protecting the parents from their own actions.

One cannot overemphasize the importance of coordination and cooperation, the free-flowing interchange of information between all concerned and a recognition of each other's professionalism. Often in practice it is quite difficult to get people from different backgrounds and professions to truly coordinate and cooperate in a way that would be of the greatest benefit. It lays a responsibility on all to do much more in the way of reaching out to other colleagues, both professional and voluntary.

Case conferences should and can be the most effective way of sharing information. They need not take a lot of time, providing the conference is structured with an experienced chairperson and participants take the time to prepare reports on their involvement rather than trying to extract information from bulky files at the meeting. In the initial stages of contact with these families, there is a need for a high degree of skill and sensitivity on the part of the worker involved. As was pointed out earlier, a multiplicity of workers can increase family stress, and a type of supervision that is limited to an anxious watchfulness without specific treatment goals is not in the child's best interest (Skinner and Castle).

In some instances, shortage of qualified and experienced personnel has led to trainees being given these cases to handle; in others, because of frequent staff changes, families have had as many as three different social workers in six months. Quite often the parents involved see this as a reenactment of their earlier life experiences and feel completely rejected and bitter. This can have very serious repercussions for any future therapy, particularly if a change takes place when, for the first time in their lives, they are just beginning to respond in a positive manner.

Our work with these families leads us to believe that the first few months of contact and how they are handled are crucial to any positive movement that might be achieved. It is also a period when the parents will test out the relationship in a variety of ways and be at their most demanding. A considerable amount of reaching out on the part of the worker and a great amount of time are required. It is, however, the period when the parents, if they are at all amenable to help, will begin to respond.

In circumstances where work is progressing with a family and a change of worker must take place, it is of great help to all concerned if the parents can be forewarned and prepared for the change by the outgoing worker, allowing them time to ventilate their feelings and, when possible, to be introduced to the new worker prior to departure. Frequently, the only notice families have received is a short letter saying that their social worker is leaving, or has left, and another will visit in due course, occasionally followed by a long delay before anyone is actually able to visit. The buildup of tension created for the family by this situation can be a potentially dangerous one for the child. Those of us having administrative responsibilities should also recognize that adequate support and consultation must be readily available for the social workers involved.

One other aspect that requires our consideration is the effect these families can have on those of us who are providing a service. Families of this nature have an uncanny knack of highlighting our own inadequacies, and continually confront us with situations geared to raising our anxiety levels. For the inexperienced, this can produce a state of immobility at a time when clear objective thinking is imperative.

Richard Galson (1970) succinctly grasps the problem when he says "the anxiety produced by anger which is unassimiliated is highly contagious. It lies about like a time bomb waiting to go off and it intimidates others to flee, to put distance between themselves and source either directly or through the use of one of the many administrative devices available to any clinic or agency." One of the most important resources called upon by any therapist involved in this kind of situation is a capacity to bear the anxiety. Just as we accept that there are going to be a small number of families unable to respond to treatment, we must also accept and recognize those few instances when the social worker is unable to respond.

ALTERNATIVE DELIVERY SYSTEMS

Most research programs into the treatment of abused children and their families stress the need to provide a number of services that would not be available under normal delivery systems. In the United Kingdom there is particular concern at the lack of specialized treatment facilities for very young children who may have suffered severe emotional damage (Attention was drawn to this in a recent report (NSPCC, 1976). There are, however, a number of models now in use that have been of benefit to the family as a whole and are generally adaptable to most countries' settings. Some of those being used in the United Kingdom are described below.

CRISIS NURSERIES AND DROP-IN FOSTER MOTHERS

In setting up a serivce for families in which child abuse had occurred, we were concerned that we should learn from the experience of those parents who felt that available services did not meet their particular needs. One of the most pressing of the requirements voiced was for some form of nursery facilities where a parent under stress and frightened of injuring his or her child might leave him for a while without fear or remonstration. It became apparent that many parents had suffered quite traumatic experiences when seeking this kind of help and had consistently met with rebuffs of one kind or another. Some even felt they had been forced into a tragic situation where they had actually injured their child because they could not get the various authorities to recognize or understand the urgency of the matter or danger involved. The following is a graphic example of this situation.

> I got to the point where I seemed to have been to (sic) everyone! Things were getting worse and worse, but no-one (sic) would listen! In the end, I nearly killed my baby and then they said it was my fault.

Taking these points into consideration, there are two alternatives available. First, a nursery where the staff are geared to cope with children being brought in for varying periods and at any time. Our own experience has shown that a nursery of this kind has a particular therapeutic value if it is seen to incorporate facilities for the parents. At all times it is essential that they are made to feel welcome and have a room in which they can relax without the children. We have found that one of the results tends to be the development, quite spontaneously, of a self-help group, and many of the newly referred parents respond much earlier to treatment because of the help given them in this manner.

A vital feature of this service is the provision of a transport that goes out in the morning to all the homes of the families, brings the children and any parent who wants to come back to the nursery and returns them again at night. A member of the nursery staff accompanies the driver who, if necessary, can dress the child and ensure that he or she attends if the parent is ill.

Another extension of this can be in the form of a preschool playgroup. In both circumstances play therapy is of great assistance to the children in preparing them for later life and providing some of the outlets they have not perhaps enjoyed at home.

The nursery nurses are very much part of the therapeutic team and attention has to be given in these circumstances to ensuring that they receive adequate orientation toward their widened role, since they will find themselves as involved with the parents as they are with the children.

The second alternative, which is of particular value in areas where nursery provisions are poor, is to set up a system of drop-in foster mothers. These volunteers are paid a small retainer and provide short-stay emergency placements for children at times of crisis. For example, quite often mothers will telephone when they are going through a particularly difficult period saying that they cannot cope and asking if the baby or child can be taken out of the home and looked after for a short time. In most instances, an overnight stay is all that is needed, but it is possible to extend this for any period up to a week. As with most provisions in this field, the key factor is flexibility, and drop-in foster mothers have to be prepared to accept children at any time of the day or night. Again, when selecting suitable people, emphasis is placed on personality rather than any professional skill.

We have also tried to recruit from as wide a variety of social backgrounds as possible, since we have that found many abusing parents find it much easier to respond to someone whom they feel has had the same kind of problems to contend with. Some of our earlier referred parents who responded to treatment are helping as part of this network.

FAMILY DEVELOPMENTAL CENTERS

In a few enlightened areas, attempts have been made to set up treatment programs that will provide residential facilities for the whole of a family where significant child abuse has occurred. There is, for instance, a unit operating at the Park Hospital for Children, Oxford, England, where over the last 10 years 230 families have been successfully treated. In essence, these families are received into a small family unit within the hospital grounds for a period of 28 days and then followed up with supportive services. During this period all the family members experience the rare combination of practical help, medical treatment, and applied psychology.

CONCLUSION

While we can never hope to completely prevent child abuse, there are a number of ways in which we can reduce it drastically. Research in the United Kingdom has shown similar patterns to those reported in the United States, in particular, the very young age of many of the children involved and the low points of tolerance shown by their parents.

For any program of preventive treatment to succeed, parents should be able to seek help without being made to feel guilty and afraid. The provision of such a service requires a team approach involving both availability and flexibility on the part of those operating it. Cooperation and coordination between all concerned, (both professional and lay personnel), are vital, and they can only be achieved if we are prepared to remove some of the artificial barriers that sometimes prevent them from occurring.

Finally, we cannot consider any program of service to abused and neglected children adequate unless we are able to meet some of the very specialized treatment needs of the children, many of whom survive physically but are severely damaged emotionally and some of whom may have to be removed from their natural parents to a more conducive and nurturing environment before this can be effected.

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Corporal Punishment in the Schools: America's Officially Sanctioned Brand of Child Abuse

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The United States Supreme Court is currently preparing a decision on a case of child beating in Florida (Ingraham v. Wright, 1974). In this case, a young teenage child was extensively beaten on the buttocks with a wooden paddle. The resulting damage required medical treatment for wounds that prevented the child from sitting for an extended period of time. Any parent who exerted similar force on a child would be liable for reporting under the child abuse legislation. However, the incident occurred in a school and therefore this cruel and sadistic use of force on a young person was protected by law. In fact, hitting, paddling, pinching, punching, strapping, shoving, throwing, kicking, and verbal abuse are treatments received everyday in schools throughout the "land of the free and the home of the brave." Unfortunately, the concepts of freedom and bravery have been distorted in support of physical assault upon children. The Constitution and Bill of Rights have only relatively recently begun to be interpreted as applying to children. And the concept of bravery as it applies to the upbringing of children within both the Judeo-christian morality and the Anglo-Saxon tradition reveals a history of officially sanctioned beatings of children. This societal background lends support and encouragement to the use of physical force within the American family. The purpose of this paper is to examine the extent to which corporal punishment within the schools lends credence to the use of physical force against children in the home. Without doubt, this is a "chicken or egg" problem.

In western culture, children historically have been considered to have few if any rights (Williams, 1976). In societies where violence and lack of due process are common, it is clear that the family mirrors the cultural milieu in relation to the use of force. A recent theoretical paper by Babcock (1977), a member of the staff of the National Center for the Study of Corporal Punishment and Alternatives in the Schools, suggests that there is some basis for predicting family use of physical force for discipline as a function of various facets of the culture. Babcock, in reviewing cross cultural studies, found a possible correlation of characteristics of cultures where corporal punishment could easily exist and those where corporal punishment would be incongruent with other characteristics. The major potential predictors for family use of corporal punishment and consequent child abuse were (1) belief in aggressive gods, (2) the infliction of pain on infants by the primary caretaker, (3) the generation of high anxiety in socializing children, (4) low indulgence of children, and (5) increasing complexity of cultural traits.

It is important to recognize that we are not the child-loving nation which we would like to believe. It wasn't until 1900 that American law even recognized that anyone within the family other than the father and husband had any rights at all (Drinan, 1973). American attitudes towards children are reflected in the fact that ten years after the founding of the Society For the Prevention of Cruelty to Animals a group in New York organized the first Society for Prevention of Cruelty to Children. One is led to the almost indisputable conclusion that the majority of Americans really do not like children. This conclusion isn't new (Keniston, 1975), but it is almost always rejected when presented to the average citizen.

The evidence adds up to one of two conclusions: at the least, we are a society which does not understand the difference between what we believe we do for our children and what we actually do for them. At worst, we really know that large numbers of children, some in the shadow of our nation's capital, are deprived of basic human rights, but we do not care as long as we can assure the health and safety of our own. This is not to condemn our society, for it is really a matter of cognitive dissonance that has never been resolved. After all, we are surely a nation of optimists, who believe in our own good will. And in truth, we periodically evidence that good will through generosity toward an unequaled system of private charities, international relief, and the acceptance of a continuing stream of immigrants and political refugees from the dictatorships and highly controlled countries which now make up much of the world. Despite the continued corruption of our politicians, the avarice of big business and the seemingly never-ending growth of bureaucracy, American democracy still muddles on and cleanses itself periodically. Yet there is a paradox in our view of ourselves and others' view of us. As a society, we are often criticized from within and without as being overly child-oriented and permissive, yet in this same society child abuse accounts for more childhood deaths than any other single factor (Hyman and Schreiber, 1975), and we permit educators to use often barbaric methods of discipline. Infant mortality is quite high when compared with other western democracies; when we consider mortality among minority groups alone, it is shockingly high (Coles, 1975). Perhaps one of the best historical anecdotes illustrating our treatment of children as viewed by others was related in the Wall Street Journal (Chase, 1975). It seems that a great Nez Perce Indian chief was on a peace mission to a white general. He rode through a white man's encampment and happened to observe a soldier hitting a child. The chief reined in his horse and said to his companion, "There is no point in talking peace with barbarians. What could you say to a man that would strike a child?" The chief's diagnosis of our society in the 1800's, based only on his peripheral observations of an accepted practice towards children, was unfortunately and amazingly accurate if one considers the eventual fate of his tribe and that of others. But then our 20th century society has a long series of "broken treaties" with our children.

It is surprising that the public school is the last remaining institution where a citizen may be assaulted by authorities. The police, the military, and prison officials are not allowed to use physical force as a method of punishment. How this reinforces and perhaps encourages the use of force in the home is difficult to assess. However, the assessment certainly should begin with an understanding of the nature and extent of the use of corporal punishment in the schools. Until just recently, this area has been of little interest to professionals involved in child abuse.

The background of the attitudes and practices which have resulted in a codified pattern of institutional violence in our society is enmeshed in a confusion of causes. It is important, therefore, to approach the problem by separating the main etiological and conceptual frameworks within which the practice of corporal punishment is intertwined. The following discussion considers corporal punishment from the three approaches of legal, moral, and scientific issues.

LEGAL ISSUES

The general definition of corporal punishment stems from a legal framework and indicates it to be the inflicting of pain, loss, or confinement of the human body as a penalty for some offense (Barnhart, 1963). Black's Law Dictionary (1968) defines corporal punishment as "physical punishment, as distinguished from pecuniary punishment or a fine; any kind of punishment of or inflicted on the body, such as whipping or the pillory. The term may or may not include imprisonment according to the individual case." Educationally, corporal punishment has been generally defined as "the infliction of pain by a teacher or other educational official upon the body of a student as a penalty for doing something which has been disapproved of by the punisher" (Wineman and James, 1967).

Corporal punishment in the schools is not implied when the teacher uses force (1) to protect himself or herself, the pupil, or others from physical injury; (2) to obtain possession or a weapon or other dangerous objects; or (3) to protect property from damage (National Education Association, 1972).

There are two main areas in which the constitutionality of corporal punishment are argued (Reitman, Follman and Ladd, 1972). One focus, that corporal punishment is cruel and unusual, is based on the eighth amendment to the Constitution. This rests on a number of grounds, most importantly the concept that the application of physical punishment to children violates democratic freedom and the dignity of the individual. The other argument, based on the fifth and fourteenth amendments to the Constitution, is that corporal punishment violates due process of law. This is divided between substantive due process and procedural due process. Under the substantive issue, it is argued that corporal punishment is often conducted in an arbitrary and capricious manner and does not bear a reasonable relationship to a societal purpose. Under the procedural issue, it is argued that before being punished, one is entitled to certain procedural safeguards, such as notice of charge, right to a fair hearing, etc. (Friedman and Hyman, 1977).

Currently, 47 states allow or specifically endorse through state legislation the use of corporal punishment as a means of disciplining children in public schools (Friedman and Hyman). Some, states such as Hawaii, are currently reviewing their statutes and have imposed temporary bans on the use of physical punishment. Maine has a new statute, but its meaning is unclear.

Among those countries which have abolished corporal punishment are Poland, Luxembourg, Holland, Austria, France, Finland, Sweden, Denmark, Belgium, Cyprus, Japan, Ecuador, Iceland, Italy, Jordan, Qatar, Mauritius, Norway, Israel, The Phillipines, Portugal, and all Communist Bloc countries (Reitman, Follmann, and Ladd, 1972; Bacon and Hyman, 1976).

MORAL ISSUES

Puritan and Calvinistic traditions of American society and the early medical realities of infant and childhood mortality resulted in attitudes which are abhorrent to modern thinking concerning children. Estimates of mortality suggest that occurrences of measles, typhoid, small pox, diphtheria, dysentery and respiratory ailments resulted in a third of all infants dying each year (Coles). For most of those who did survive, childhood certainly had its pleasures, but pleasure was generally considered by religious society as evil. Even if one did not subscribe to the Calvinistic belief that children were "imps of darkness" the historical precedent for maltreatment of children goes back even to the schools of Sumer 5,000 years ago (Radbill, 1974). The most severe practice of corporal punishment leads to murder, and the concept of state-supported infanticide or child murder is not new. As late as the 16th century, the belief of inherent evil in children was so strong that Martin Luther, assuming that they must be inhabited by the devil, indicated that retarded children should be drowned (Radbill).

In America, the practice of corporal punishment has been overt and publicly sanctioned from colonial days. The "spare the rod and spoil the child" philosophy of that colonial era was reflected in the schooling of the times. Manning (1959) reports that a schoolhouse, constructed in 1793 in Sunderland, Massachusetts, had an ominous whipping post built into the schoolhouse floor. Erring young students were securely tied to the post and whipped by the schoolmaster in the presence of their classmates. Manning also reports, in a similar vein, about "paddling" devices being prominent implements of the classroom in the 1800's. Paddling rods, canes, and sticks were placed conspicuously in the classroom, easily accessible to the teacher.

The issue of moral lessons taught by paddling in schools is currently illustrated in the state of Maine. The Maine legislature recently enacted a law forbidding the use of corporal punishment in all schools. Shortly after passage, a number of groups of citizens and educators began lobbying for the return of corporal punishment. Especially vociferous were teachers, parents, and students from Maine Christian Schools (Connolly, 1977). Ralph I. Yarnell, executive director of the Northeastern Regional American Association of Christian Schools, claimed that spankings, paddlings and whippings teach students "obedience, thrift, and other virtues."

An elementary school principal from Bangor Christian School stated that paddling does "wonders for helping a student mature." These kinds of statements reflect a belief that punishment has a cleansing effect in removing sinful thoughts and preventing sinful acts. Even if one accepts various religious views of sin and immorality there is scientific evidence to indicate that the preventive aspect of punishment is greatly limited and overrated (Bongiovanni, 1977). Despite this, many Americans have a religious conviction that schooling cannot occur without paddling (Hyman, McDowell, and Raines, 1977).

RESEARCH

A staff member of the National Center for the Study of Corporal Punishment and Alternatives in the Schools completed an extensive and exhaustive review of the research on punishment during the last ten years. His findings are indicated below (Bongiovanni):

> The use of corporal punishment by school personnel provides the child with a real-life model of aggressive behavior which has been demonstrated to be imitated by young children (Bandura, 1962; Bandura, Ross, and Ross, 1961, 1963). Not only do children imitate such aggressive behavior, they also tend to employ these aggressive behaviors when faced with frustration in their own lives. In a study in which children observed a model being punished, a learned fear reaction was demonstrated to have occurred, although they were not recipients of any punishment (Berger, 1962). The implication for school personnel is that the use of corporal punishment may provide a living model of aggression which may be imitated by the classroom children. Such a model may provide a problem-solving method which can be utilized by the child in various settings. In addition, by visibly punishing a child in the presence of others, the other children may become fearful and anxious. Such conditions are not conducive to socialization or learning.
>
> The available research on punishment, when applied to schools, suggests that it is ineffective in producing durable behavior change, is potentially harmful to students and

> personnel, and is highly impractical in the light of the controls necessary for maximal effectiveness. The maximal effectiveness of corporal punishment can only be achieved by close adherence to the basic principles and factors which have been shown to influence its ultimate effectiveness as a behavior-reducing method. In light of the role of school personnel in education, and the welfare of the student, corporal punishment appears to be impractical, time-consuming, and contrary to the goals of education.
>
> The potential for social disruption constitutes the primary disadvantage of punishment. In light of these negative side-effects, the possible reduction of undesirable behavior should clearly be secondary in importance. The need for discipline and adherence to rules is a necessary part of education. However, there are many alternatives to corporal punishment which may be utilized by school personnel.
>
> Those who defend the use of corporal punishment as a practical method tend to view the practicality issue from the perspective of school personnel only. As a method, it can be applied to anyone, there is no need for any type of specialized training, it can be applied to all settings, and no special equipment except a paddle is necessary. The fact that most school personnel are physically stronger than the children makes corporal punishment especially attractive. In defense of corporal punishment, Killory (1973) cites four criteria of punishment to be considered: first, it should result in the greatest behavior change; second, it should demand the least effort on the part of the user; third, it should result in behavior that is relatively permanent; and fourth, it should produce minimal side-effects. This writer contends that, by the research evidence available, corporal punishment meets none of these criteria.

Not only is punishment an ineffective and inefficient method of teaching, in more severe forms it decreases learning. An extensive review by Rosenshine and Furst (1971) considered seventeen studies which were based on counts of teacher use of criticism. Criticism in all studies was generally defined as negative statements, demeaning students or their actions, and/or the use of threats. Almost all of the studies reviewed indicated a negative relationship between teacher criticism and student achievements. In ten of the seventeen studies, stronger forms of criticism were clearly more negatively correlated with achievement than milder forms. Rosenshine and Furst conclude that "teachers who use extreme amounts and forms of criticism usually have classes that achieve less in most subject areas" (p. 51). Although all of the studies cited are correlational, there is certainly considerable evidence against the use of severe criticism and threats.

Research indicates that the use of corporal punishment is much more extensive than many believe. During the 1971-1972 school year, the Dallas public schools reported an average of two thousand incidents of physical punishment per month (National Education Association, 1972). In the Houston public schools, it was reported by Dr. J. Boney, an administrator, that during a two-month period in 1972, 8,279 paddlings were administered (Elardo, 1977). With a student population of about 200,000 children, this averages out to about four "licks" per child per year.

Finally, there is some evidence that increasing use of corporal punishment tends to increase the rate of school vandalism. Lee Hardy and Virginia Miller (Hyman, et al, 1977) made a study of twelve schools on the outskirts of Portland, Oregon, and found that rates of the use of corporal punishment appeared to be correlated with increases in the cost per pupil of vandalism against school property. Although the study is limited, it certainly suggests a fruitful area for further investigation.

IS CORPORAL PUNISHMENT A FORM OF CHILD ABUSE?

This paper has attempted to summarize some of the literature and writings collected by the staff at the National Center for the Study of Corporal Punishment and Alternatives in the Schools. For one year we and our organizers have attempted to offer evidence that reveals the practice as a particularly insidious form of child abuse. Funding has been extremely difficult to obtain and therefore our impact has been limited. However, this paper represents an opportunity to impress upon child abuse workers the importance of this issue.

With the information available it is difficult to measure to what extent family attitudes support or cause the use of corporal punishment in the schools and to what extent the official practice encourages the use of force in the home. The two practices certainly are closely woven into the fabric of our society.

There is some evidence that home-school practices of child rearing go hand in hand. An intercultural study of aggression by Bellack and Antell (1974) considered the playground behavior of children in Germany, Italy and Denmark. Observers recorded aggressive behavior by adults and children. The results indicated a correlation between adult and child aggression which also reflected cultural beliefs about child rearing. The greater aggressiveness in German institutions and child rearing results in greater peer aggressiveness. The belief in force as a method of discipline in Germany was reflected in a poll which showed that 60% of parent respondents believed not only in spanking but in actually beating their children (Bellack and Antell, 1973). While Germans practice corporal punishment in the schools, the Danes and Italians do not. Their rate of interchild aggression on the playground was much less than that of Germans.

While the study is limited, it reflects the belief by some scientists that some of man's inhumanity to man may be revenge for the indignities suffered in childhood, and that children do model aggressive behavior as a method by which to solve problems.

Several American studies indicate that a large percentage of parents and educators favor the use of corporal punishment in the schools either as a regular method of discipline or as a last resort (Hyman et al, 1977). Everyone, in fact, seems to strongly favor corporal punishment except those who receive it. And among those who receive it, perhaps the best explanation is given in another study by Elardo, who interviewed elementary school children. Most said that some kids would prefer paddling to other forms of punishment in order to "get it over with." They also felt it did no good in changing behavior. One articulate child said, "Sometimes you get accused falsely of doing something. If you get paddled and later prove you did not do it, you can't get unpaddled. But if you lose an activity, maybe by the time the activity should occur you can prove your innocence and still get your activity" (Elardo, 1977, p. 18).

To the present writer it is clear that the legal use of corporal punishment in the schools has led to actual physical acts which are abusive to school children. How can we expect parents to not use this type of force when we officially sanction its use in education? Although we haven't measured the extent to which school corporal punishment encourages family use, it is reasonably clear from the evidence presented that there is a relationship. We can't answer the "chicken or egg" question of which comes first. However, a modest and reachable goal for child abuse workers would be the elimination of the use of corporal punishment in the schools. Our center, within the limitation of its modest funding, will offer legal, research and historical data to support this cause. We also offer workshops on alternatives. I believe that a concerted drive by interested educators, legislators and child care workers could result in almost total elimination of officially sanctioned corporal punishment in schools within five years.

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A Study of Attitudes of Caregivers Toward Use of Physical Force

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INTRODUCTION

Injury to children resulting from use of physical force is a social phenomenon that has attracted intense public and scientific interest in the last 10-15 years. While use of physical force in child care has been seen primarily as occurring within the home, Gil (1975) argued that physical force is also to be found at the institutional and societal levels. The institutional level includes settings such as day care centers, schools, courts, child welfare agencies, welfare departments, and correctional and other residential child care settings.

State reporting laws have typically adopted a narrow definition of which caretakers can be considered child abusers. These laws have focused attention on force used within the home. Studies of the incidence and causes of child abuse have typically omitted child caretakers outside the home.

This study focused on child caretakers outside the home. Respondents were direct caregivers in child welfare institutions. The task assigned to these institutions has evolved since colonial times. This evolution of purpose is reflected in the century-long debate over the relative merits of foster family care and group care. Popular and professional preference for family care and concern about alleged negative effects of group care gave support to a movement to de-institutionalize the substitute care of children in this country. Since the 1920's, many orphanages have adopted psychologically oriented programs and have shaped their acceptance criteria to exclude non-disturbed children. Nationally, the number of such residential treatment centers increased markedly between 1945 and 1965.

De-institutionalization of substitute care has led to a decrease in the number of children in institutional care. In Ohio on January 1, 1928, there were about 140 public and private children's homes with a total population of 11,470 children in residence. As of January 1, 1976, there were 33 private children's homes and 46 public children's homes with about 3800 children in residence.

For over 100 years, the state of Ohio has had a program of visiting certification, and more recently, of licensing of children's homes to achieve two general objectives: (1) to secure protection from abuse and exploitation for those children who require care away from their own homes; (2) to secure specialized treatment in group care settings for those children who require it.

To achieve these objectives of protection and quality group care, the Ohio Bureau of Licensing and Standards holds licensed child caring institutions responsible for following a number of guidelines in the operation of their programs. Among these guidelines is one in particular that is concerned with the treatment of the child. This guideline, or rule, prohibits the following practices:

> "There shall be no form of physical abuse, using such things as implements, restraints, straps, whips, sticks, paddles, utensils, tools; no physical manipulation of a child to hurt him, including forcing things into his mouth, striking, pulling, twisting of ears or limbs; causing severe physical discomfort through prolonged exertion by requiring him to run, jump, stand, hold limbs in strained and/or awkward positions and similar punishments." (ODPW)

SOCIAL PSYCHOLOGICAL CONTEXT

Caregiver-child relationships were viewed in this study as a form of social exchange. When what caregivers receive from children over a period of time is seen by them as not roughly proportioned to what they have given, feelings of distress gradually build up. We call this distress "injustice distress". Sense of injustice is a dynamic through which use of force is generated. This factor was seen as exerting a direct influence on the level of force espoused by caregivers. Respondents were asked how much resentment they would be likely to feel if they were the caretaker in the hypothetical situation. Responses were made on a five point scale from "none" to "a great deal".

We were interested in understanding what social factors evoke a view of physical force as a justifiable method of coping with challenging child care situations. Secondly, to what extent do organizational factors influence variation in the attitudes of direct caregivers toward use of physical force?

THEORETICAL BACKGROUND AND HYPOTHESES

Goode's (1973) analysis of "violence between intimates" was used as a frame of reference for this study. Underlying the relationships predicted between variables derived from this model were several assumptions:

1. All social systems require a minimum degree of control and order if they are to survive and physical force is one of several means that can be used to achieve them.
2. Those who control service organizations make a distinction between the wishes and interests of their beneficiaries. A divisiveness exists between beneficiaries and organizations which sometimes results in hostility and conflict.
3. Service organizations must develop mechanisms to cope with the self activating properties of clients in order to insure that change activities are not rendered ineffective.
4. Children's homes are, in part, force-based structures and use of physical force is a legitimate resource available to them as they seek to achieve their objectives.

The causal factors in this study were those which accounted for varying predispositions to use of force in caregiving. They are the status variables which available demographic analysis suggests are characteristic of certain violence prone collectivities. They constitute the socio-cultural context within which force use occurs:

1. Length of time employed in present job;
2. Length of time employed in previous job;
3. Work schedule;
4. Sex;
5. Age;
6. Race;
7. Region of residence;
8. Community size (early);
9. Community size (current);
10. Marital status;
11. Social position of respondents' fathers;
12. Education;
13. Income.

Those factors which Goode defined as resulting from social pressures and structural position were represented in this study by certain potentiating components of organizational life. These components are: (1) the extent to which living unit management practices are institution or resident oriented; (2) the degree of staff participation in organization decision making; (3) the degree of caregivers' control over their immediate work environment.

The caregiver-child interaction was viewed as a form of social exchange. The resulting feelings of caregiver distress were seen as exerting a direct influence on the outcome variable.

The dependent (outcome) variable is an attitude--level of force. In this study, five hypothetical care-giving situations were presented to the respondents. They were asked to indicate how often they would take each of six possible actions. One of the actions was to take no physical action at all. A force index was derived for each respondent from data which reflected the severity and frequency of the actions they chose.

The null hypotheses affirmed that all variables proposed in the model were independent of the outcome variable, level of force. The variables in the following two way combinations are independent of each other:

1. The extent of felt injustice and the level of force.
2. The scores by living unit on resident management practices and level of force.
3. The extent of centralization due to direct care staff participation in decision making and level of force.
4. The extent of centralization due to hierarchy of structure and level of force.
5. The age of direct care respondents and level of force.

6. The sex of direct care respondents and level of force.
7. The race of the direct care respondents and level of force.
8. The early town residence size of direct care respondents and level of force.
9. The region of residence (0-17) of direct care respondents and level of force.
10. The social position of fathers of direct care respondents and level of force.
11. The formal education level of respondents and level of force.
12. The town size (current) of direct care respondents and level of force.
13. The marital status of direct care respondents and level of force.
14. The income of direct care respondents and level of force.
15. The length of time of direct care staff in their positions and level of force.
16. The work schedule of direct care respondents and level of force.
17. The length of time of direct care staff in previous direct care jobs and level of force.

METHODOLOGY

This study was designed to explore the relationship between a number of factors (20) and attitudes toward use of force by caregivers in children's homes for dependent, neglected and disturbed children in central and southwestern Ohio. One hundred caregivers in 15 children's homes served as respondents. They represented 42 living units.

SUMMARY OF FINDINGS

Background characteristics of the respondents can be summarized as follows: Forty-one percent of the respondents held their present jobs one year or less; another 30 percent held their jobs four years or more. Of the 100 respondents, 37 were men and 63 were women. Fifty-nine were in their first jobs. While 58 worked a shift schedule, 40 were on a "live in with relief" schedule. Thirty-five percent of the sample were under 25 years of age. Another 38 percent were over 45 years of age. Forty-four percent of the respondents were single and had never married. Fifty-six percent were married or previously married. Fifty-seven percent of the respondents were single and had never married. Fifty-six percent were married or previously married. Fifty-seven percent of the respondents' fathers held jobs classified as working class and below. Forty-two percent of the respondents had completed high school or less.

Forty-one percent of the respondents had level of force scores in the 4-6 range. Another 29 percent had scores in the 6-12 range. The level of force mean score was 5.49 on a 12 point continuum.

Felt injustice mean scores for the 100 respondents ranged from 2.6 to 3.74. The mean felt injustice score for all respondents on the five situations was 3.2.

The mean score of 42 living units on resident management practices was 14.9. The lowest living unit score was 5 and the highest score was 35.

The mean for hierarchy of authority was 1.94 on a scale ranging from 1 (low) to 4 (high). The mean for participation in decision making was 3.39 on a scale ranging from 1 (low) to 5 (high).

We next determined the strength of associations between a number of variables expected to be related to level of force. A number of these variables were found to have a strong or moderately strong degree of association with level of force: age of respondent, education of respondent, marital status, work schedule, early community size, resident management practices, participation and felt injustice.

Levels of force selected by respondents to manage challenging child care situations could be expected to increase if a direct care staff member was older, had a lower level of education, was or had been married, was reared in a smaller community, experienced higher degrees of felt injustice, participated seldom or never in decision making, "lived in" on a 24 hour basis, and worked in a living unit where resident management practices are more organization centered.

A number of other variables were found to have a weak association with level of force: current community size, length of time in job, length of time in prior job, sex of respondent, income of respondent, hierarchy of authority, region of respondent, and race of respondent.

In order to build a larger structure of understanding, we determined how much of the variance in level of force was uniquely explained by each independent variable. We then combined the several variables into several sets and examined the relationship between each set and level of force. Next, we combined these sets to determine the amount of variance in level of force these sets in combination would be able to explain. This structure of explanation was then developed separately for sample subgroups based on categories of sex and education.

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Several variables were found that uniquely explained larger amounts of variance in level of force: (1) felt injustice, 17 percent; (2) resident management practices, 8.3 percent; (3) participation in decision making, 5.3 percent; (4) age of respondent, 4.4 percent; (5) early community size, 1.3 percent.

We examined the contribution each set made to explaining variance in level of force. Background variables in combination accounted for 34 percent of the variance in level of force. The organizational set accounted for 16 percent of the variance in level of force. Felt injustice variables accounted for 16 percent. When felt injustice was taken in combination with the organizational variables, 29 percent of the variance was accounted for.

We next determined how strongly the independent variables taken together relate to level of force. All of the variables taken in combination were found to account for 39.4 percent of the variance in level of force. This same analysis was developed for subgroups in the sample based on categories of sex and education. It was found that the multiple correlation coefficient obtained for all variables and level of force for the whole sample taken together was similar to the coefficient for women (.634). A multiple correlation of .788 was obtained for men and .704 was obtained for respondents with some college.

Overall, the variables listed above as most significantly associated with level of force occurred, in general, as expected.

The relative strength of background and organizational variables suggest that much of the former was probably mediated by the latter. However, background variables improved the predictive capacity of organizational variables by five percent.

The strength of the coefficient obtained for all variables and level of force confirms our premise that a multi-dimensional model would yield significant results.

IMPLICATIONS FOR POLICY AND MANAGEMENT

What are the practice implications of the general finding that knowledge of the age, organizational characteristics, and inequity distress of caregivers can improve our prediction of level of force by 40 percent? What implications do these results have for minimizing the use of physical force? Furthermore, what implications do the results have for improving the quality of specialized forms of group care?

The extent of societal support for force use was reflected in the strong degree of association between the background variables taken in combination and level of force (r=.580). The Supreme Court decision in support of state laws that authorized corporal punishment in public schools is reflective of this general tendency in our society to support force use. The extent to which respondents could be expected to enter a caregiving situation with a readiness to respond forcefully was reflected in the unique contribution of age and early community size of the respondents to explaining variation in level of force. A substantial proportion of variance explained by background variables seemed to be mediated by organizational variables (r=.554) and these in turn were mediated by felt injustices (r=.412) and then expressed as attitudes toward use of force.

Lower espoused levels of force by younger caregivers could be interpreted as an effect of uncertainty in their roles, of having come to maturity in a period of "permissiveness" and antiwar feeling, and of having higher levels of education. The higher force levels of older caregivers can be interpreted as an effect of their having come to maturity at an earlier period when use of force was widely supported in the society as a normal means in caregiving. It will be recalled that 35 percent of the respondents were under 25 and 38 percent were over 45. Another 41 percent were in their present jobs under one year and 38 percent were in their present jobs over four years. In addition, those who were younger tended to stay in their jobs for shorter periods of time (r=+.56). This data suggests that one segment of the children's home field may be attracting older caregivers. However, since the younger caregivers remain for shorter periods, the question should be posed as to whether the younger caregivers would espouse higher levels of force were they to continue in their jobs beyond four years.

Other studies (Krause, 1974; Raynes, 1975) have concluded that background variables were not significantly related to the caregiver behavior measured. In view of these findings the fact that older respondents tended to justify higher levels of force stands out as exceptional.

The Civil Service qualifications for the Houseparent II position (Appendix) are one year's experience in household management and the care of children at the family level. Since caregivers with less education are more likely to use higher levels of force, it would be desirable to establish a minimum educational qualification. High school completion would probably change the age distribution in the direction of the younger categories.

Lower centralization of decision making and resident centered management practices were found to contribute to lower levels of force. An implication of this finding is that efforts to increase caregivers' participation in decision making along with efforts to individualize children's care will probably lower the amount of force likely to be used.

Erlanger (1974) and Kohn (1969) analyzed the influence of stress on the levels of physical force used by caregivers from lower social segments. They agree that the conformity orientation of lower status caregivers can be viewed as a consequence of limited education and constricting job conditions.

Based on our findings about the influence of inequity distress on level of force, we suggest that caregiving may flow less from generosity and according to need, and more on the basis of feelings resulting from fairness in the exchange between the caregiver and children. It should be recalled that respondents were given the opportunity to indicate how often they would take each of six actions to deal with a given child care situation. One alternative was to take no physical action at all. Respondents could have chosen to do nothing or break off with the child. To the extent that respondents chose physical actions, we would suggest they perceived other alternatives as unviable given the situation as they experienced it.

Our data suggest that caregivers also deal with their inequity distress by leaving their jobs. The likelihood that respondents under age 34 would also be in their jobs under four years was very high. Our presumption in the care of younger caregivers is that inequity distress is a factor in their shorter periods of tenure. The influence of inequity distress on younger caregivers was illustrated by one respondent who reported that she was completely drained and would be leaving the home in three months. The expectation that she would be leaving her job at the end of one year on the job seemed to enable her to make it through her shifts.

The interrelation of these factors in the case of older caregivers is exemplified in an anecdote reported by one respondent:

> An older caregiver with over four years tenure used considerable force to control a boy in his living unit, thus violating a home rule. He took the boy to the Superintendent and said, "Support me in what I did; if you do not, the boy is yours; I'm leaving."

Some practical implications of our findings include but are not limited to the following:

1. Steps should be taken to deprivatize the living unit so caregivers are not given to feel they need to be masters in their own house.
2. Deployment of caregivers should be planned so that more caregivers are in the living unit at peak hours. Back-up should be provided at all times.
3. To counter caregiver feelings of being drained and burned out, some equivalent of the military's "rest and rehabilitation" could be considered.
4. Efforts to recruit and retain caregivers in the 25-35 age range should be undertaken.
5. A distress scale, similar to the one used in this study, might be employed as an aid in staff selection.

In summary, use of a research approach that analyzes the relationship between a number of factors taken together and level of force should be of considerable assistance in extending our understanding of the sources and dynamics of violence against children. This research approach should also help in the development of effective approaches to preventing and managing this phenomenon, especially as it is manifested at the institutional level.

APPENDIX I

LEVEL OF FORCE IN RELATION TO ORGANIZATIONAL AND BACKGROUND VARIABLES

Variable	r
Felt Injustice I	.196
Felt Injustice II	-.119*
Felt Injustice III	.129
Felt Injustice IV	.369
Felt Injustice V	.117*
Resident Management Practices	.322
Participation	.341
Hierarchy	.272
Length of Time in Job	.253
Length of Time in Prior Job	.257
Work Schedule	.308
Age of Respondents	.518
Sex of Respondents	-.193
Marital Status	.414
Education of Respondents	.404
Income of Respondents	-.010
Community Size (current)	-.279
Community Size (early)	-..301

*p .05

APPENDIX II

AMOUNT OF VARIANCE IN LEVEL OF FORCE EXPLAINED BY FELT INJUSICE, ORGANIZATIONAL AND BACKGROUND VARIABLES

	r	r^2	Percent Explained Variance
Felt Injustice (#4)	.369	.136	13.6
Felt Injustice (#5)	.409	.167	3.1
Felt Injustice (#3)	.411	.169	0.1
Felt Injustice (#1)	.411	.169	0.0
Felt Injustice (#2)	.412	.170	0.0
Resident Management Practices	.503	.253	8.3
Unit Participation	.553	.306	5.3
Work Schedule	.561	.315	0.9
Unit Hierarchy	.562	.316	0.1
Age	.600	.360	4.4
Marital Status	.606	.367	0.7
Community Size	.616	.380	1.3
Respondent's Education	.622	.386	0.6
Length of Time on Job	.627	.386	0.6
Community Size (current)	.627	.393	0.0
Father's Status	.628	.394	0.0
Time in Other Homes	.628	.394	0.0
Sex	.628	.394	0.0

APPENDIX III

MULTIPLE CORRELATIONS (r) BETWEEN SEVERAL SETS OF VARIABLES AND LEVEL OF FORCE FOR SELECTED SUB-POPULATIONS

	Total Sample (n=100)	Women (n=63)	Men (n=37)	12th Grade and under (n=41)	Over 12th Grade (n=59)
	r	r	r	r	r
Felt Injustice	.412**	.449*	.503	.499	.463*
Participation and Hierarchy	.372**	.322*	.398	.304	.118
Participation, Hierarchy, Resident Management Practices	.419**	.356*	.587*	.305	.355
Organizational Variables (3) and Felt Injustice	.554**	.572*	.681*	.611*	.533*
Background Variables	.580**	.552*	.683	.438	.511*
All (in combination)	.628**	.634	.788	.738	.704*

F ratio significance: *=p .05; **=p .01

APPENDIX IV

HOUSE PARENT II

NATURE OF WORK IN THIS CLASS

This is responsible work in supervising the care and training of dependent or physically handicapped children.

An employee in this class is responsible for a housing unit of children at a county institution, and in that capacity serves as a substitute parent for the children. Employee supervises the manners, morals, conduct, and physical cleanliness of the children and has responsibility for housekeeping functions of the unit supervised. Work is performed under the general supervision of a House Parent Supervisor.

ILLUSTRATIVE EXAMPLES OF WORK

Directs the household activities of a fairly large unit, and the training and supervision of boys or girls in assigned tasks.

Participates in religious, moral, and social training of the children and acquaints them with institutional rules in regard to discipline, personal habits, and living, eating, and sleeping arrangements.

Counsels and advises children on personal problems.

Advises superior as to necessary supplies, repairs, and equipment for the unit.

Supervises health and sanitary conditions in the unit; and renders aid in minor accidents or illnesses.

Conducts children to activities on the institutional grounds and accompanies them outside.

Performs related work as required.

ESSENTIAL KNOWLEDGE, ABILITIES AND SKILLS

Knowledge of the modern principles and practices of guiding and training dependent or physically handicapped children.

Knowledge of the materials, methods and equipment used in large-scale housekeeping.

Knowledge of simple health and safety precautions and of first aid methods.

Ability to secure cooperation of children and guide them in work, play and recreational activities.

Ability to appreciate the problems faced by children suffering physical handicaps.

Ability to prepare simple behavior reports.

QUALIFICATIONS

One year's experience in household management and the care of children at the family level.

The class specification which appears above is intended to be sufficient merely to identify the class and be illustrative of the kinds of duties that may be assigned to positions allocated to the class and should not be interpreted to describe all of the duties performance of which may be required of employees holding a position assigned to this class.

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Interventions into Child Abuse and Delinquency

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A model of the relationship between child abuse and delinquency is presented in this paper. This model is used as a framework for analyzing programmatic interventions that should be considered in dealing with this problem. That there is a relationship between child abuse and subsequent delinquency seems fairly well established by previous studies. The thoughts presented here are based on the belief that if we can analyze and understand those forces that maintain this relationship in individuals and in groups, we may be able to design our interventions to break down this support. Prevention of child abuse would, of course, resolve much of the problem, and interventions aimed at this goal are also considered.

There are three ways in which child abuse and delinquency may be related:

1. Abuse as a child leads to subsequent delinquency.
2. The same set of factors that leads to child abuse leads to delinquency.
3. In some cases, child abuse contributes directly to delinquency, while at the same time factors that are supporting child abuse are also supporting the development of delinquent behavior. Clear cause and effect relationships are difficult to establish outside of a laboratory setting. Interrelatedness is less difficult to establish but more complex to analyze. (Table 1 below attempts to graphically illustrate some elements in this interrelatedness, using a conceptual framework of antecedents, behaviors, and consequences.)

ASSUMPTIONS OF THE MODEL

Two assumptions underlie this model. The first is that child abuse is a behavioral problem. The second is that child abuse is a community problem and responsibility. A quick review of some of the literature related to this topic may help clarify the assumptions made in this model.

1. Excessive physical punishment and aggression.

   Eron, Walder, and Lefcowitz (1971), as well as Sears, Maccoby, and Levin (1957), found positive significant relationships between the severity of physical punishment in the home and aggressive behavior in children.

2. Modeling.

   Bandura (1971) has shown the importance of modeling of aggressive physical behavior in adults in the subsequent adoption of such behavior by children. As the research indicates, our primary models during infancy will be imitated. These models are our parents. If parents deal with frustration by physical aggression, or if they show a tendency to react to stress by physically lashing out, children will adopt this behavior as their own if there are no countervailing forces.

   If we try to perceive child abuse as the infant would, we may get an interesting perspective on this relationship. A young child's perceptions of cause and affect can be assumed to be muddy at best. A child who has just been beaten will most likely remember little but that his parent was frustrated and/or angry and that he was beaten. The only association which can be firmly established on that basis is that when a big person gets angry or frustrated, physical aggression is the response.

   One obvious but significant implication of the modeling perspective is that child abuse will perpetuate itself and multiply as each generation teaches the next how it is done. This does not mean that child abuse will always beget violence. Bandura notes that:

> A person can acquire, retain, and possess the capabilities for skillful execution of modeled behavior, but the learning may rarely be activated into overt performance if it is negatively sanctioned or otherwise unfavorably received. When positive incentives are provided, observational learning, which previously remained unexpressed, is promptly translated into action (p. 8).

3. Lack of consistency in child rearing.
   Becker (1964) found that children with problems most often came from households where parents exhibited a lack of consistency in their responses to various child behaviors. While successive physical punishment will seldom be a consistent response to children's behavior, we can assume that, where excessive physical punishment appears, there is also an inconsistency in the child-rearing practices in the home.
4. Teaching of verbal skills.
   Hess, Brophy, and Shipman (1971) have shown differences among SES groups in the modeling of verbal skills by mothers of infants and young children. In our framework, given the alternatives of talking a problem out or responding physically to it, youths from homes where excessive physical punishment was used can be expected to act out physically.

TWO NOTES ON PERSPECTIVE

1. Importance of a behavioral perspective.
   We will, in a sequel paper, be discussing the importance of the emergence of a managerial orientation in the development and maintenance of programmatic interventions. For now, it is important only to understand that this managerial orientation requires variables defined such that they are observable.

   Over the years, one of the prime arguments for a behavioral orientation has been that it does not rely on inferred emotional states which cannot be observed or measured. The whole emphasis on accountability in government is going to require even greater emphasis on the observable and measurable. We are not speaking here of a "Clockwork Orange" type of behaviorism or even behavior modification. We are certainly not talking of control of behavior primarily through aversive conditioning, which in the mind of the public often appears to be firmly associated with behaviorism. Rather, our approach is to try to deal with human behaviors, complex patterns of behaviors, and the forces which tend to reinforce and maintain these behaviors. Behavior is lawful (Skinner, 1953). All learning follows lawful processes that can be known. Human behaviors are assumed to be a function of perceived reinforcers. Behaviors that are reinforced will increase in frequency. It is also true that it is easier to change behaviors than it is to reform characters (Eysenck, 1960). One reason is that under a behavioral approach, specific problem behaviors and specific objectives and goals to be reached can be defined.
2. Child abuse as a community problem.
   In contemporary management science, it is axiomatic that the manner in which the problem is defined will determine what intervention is deemed appropriate. Rarely, if ever, in the literature is it still suggested that child abuse is simply a function of a pathology among individual parents. It is a social, or community, problem and one frequently related to a specific type of community. Literature on child abuse shows that abuse is most often associated with communities of low socioeconomic and minority ethnic status.

   An individualized orientation to a problem like child abuse would lead to a problem definition that would tend toward individualized approaches developed by the caseworkers dealing with individual clients. On a statewide level, this would lead to shotgun approaches with interventions varying depending on the specific background, orientation, and skills of the caseworker. The view that child abuse is a community problem requires us to develop a comprehensive intervention strategy that considers and uses community forces rather than solely dealing with individual problems and dynamics.

TABLE 1

CAUSAL INTERRELATIONSHIPS OF CHILD ABUSE AND DELINQUENCY

ANTECEDENTS	BEHAVIORS	CONSEQUENCES
Frustration (caused by) —economic needs (poor housing, unemployment) —inability to control children's behavior through nonabusive means	Delinquency Child abuse	Delinquency
Poor impulse control by parents	Child abuse	
Modeling of poor impulse control by parents		Delinquency Child abuse (in subsequent generations
Poor verbal skills	Poor functioning in public schools (educational advantages)	
Subcultural values condoning/ encouraging physical aggression	Child abuse Delinquency	Delinquency

As mentioned above, Table 1 is based on an interactive model of child abuse and delinquency causation. This model is based on the belief that some child abuse, primarily through imitation, leads directly to the development of delinquent behaviors, while at the same time many of the same forces that support child abuse also support development of delinquency.

Sets of contextual situations that might lead to child abuse are presented in the chart. The first involves problems related to lower socioeconomic status. If one assumes, as Maslow (1968) has, that human needs can be ordered hierarchically, then we can also assume that people at the bottom socioeconomically will often have problems in meeting the most basic of needs. Problems in meeting basic needs may not only make life a frustrating, stressful experience but also leave little time (or money or energy) for self-development and other "luxuries" which might improve parental skills. There is no question but that insecurity with regard to food, clothing, and shelter lead to greater than average amounts of frustration and stress in the home. Together with a lack of education in child rearing, this frustration or stress could lead to child abuse.

Some child abuse has been linked to inability on the part of the parents to control their impulses (Helfer and Kempe, 1974). Lack of impulse control is often cited as a cause of aggressive physical behavior in a variety of settings in addition to child abuse (McKee and Leader, 1955). Many of us may often, in the middle of an excruciatingly frustrating day, feel like pounding the desk or slamming the door, or even hitting someone, but have the social skills necessary to control these impulses. Where this impulse control is lacking, and a crying or misbehaving child is being especially irritating, child beating may be seen as a "natural" learned response.

Particularly in lower SES groups, there may be a variety of cultural forces that tend to support child abuse. A partial listing of these forces would include the following:

1. Reinforcement of machismo or a distorted idealization of what manhood is may lead large groups of people to approve, or at least condone, aggressive acting out, particularly on the part of males.
2. Religious beliefs may cause some to condone child abuse. For example, among certain groups, the belief in a punishing god may be transferred to a belief in the appropriateness of physical punishment for misbehavior by children.
3. There is often a lack of education or lack of knowledge about (a) the fact that child abuse is bad and (b) other ways of controlling behavior. About five years ago, my

wife and I had to go to Houston while our car was in the shop, so we took a bus. Seated across the aisle from me was a young woman, perhaps 20 years old, with three small children. She was playing a little game with the youngest, who was about one year old. This game consisted of holding the child up in the air until he cried and then spanking him until he stopped crying. She would then caress him for a minute or two and then hold him up in the air again until he started crying. I observed this incredulously for a few minutes and then leaned across the aisle and told her that she really shouldn't be hitting her child like that. She looked up at me, very innocently, and said, "Why not?"

I told her that, first of all, she was the one who was making the child cry by holding him up in the air. It was not, therefore, fair for her to punish him for crying when it was her fault. I also told her that if she hit her child, he would tend to view hitting as an appropriate way of communicating with people and would, when he got older, probably hit people himself when he did not like what they were doing. I then asked her something like, "Do you want to raise a kid who goes around hitting people anytime they do something he doesn't like?" She said that she did not. About five minutes later, she looked over at me across the aisle and said that she was glad I had told her not to hit him because she really did not know that there was anything wrong with it. I asked her if her mother had beaten her when she was a child and she said that she, in fact, had. Being a good graduate student in educational psychology, I asked how she felt about that now. She said, "I hate my mother."

The point of this story is that this woman did not know that she was doing anything wrong. Ausubel has found that while middle and high SES parents show a decisive tendency towards following whatever is "in" or popular among trends in child rearing (Spock in the late 1940's, PET in the early 1970's), low SES parents tend to use the same child rearing practices as those under which they were raised. Families which rely on physical punishment to control others' behavior may be simply unaware of other means of controlling behavior.

4. The decline of extended families. Often cited as a major factor in the deterioration in American society is the decline of the extended family as mobility has increased and as the integration of older family members into family life has decreased. We are seeing the disappearance of the extended family. This extended family afforded some safeguards against child abuse. For example, older members of a family, who themselves may have had experience in child rearing, are no longer watching over the raising of new generations. Secondly, extended families provided an escape valve for periods of excessive stress and frustration. Under such circumstances, the extended family could be relied upon to care for the child for a few hours or even a few days while the mother, or mother and father, went through a period of stress. Thirdly, families have tended to become more and more isolated from those to whom they were close, which contributes to the general trends towards greater alienation in our society.

FACTORS DIRECTLY SUPPORTING DELINQUENCY

The national youth strategy developed by HEW (1971) has identified a set of factors that tend to support the development of delinquency in youth. Two of these variables are very closely related to low socioeconomic status and membership in a minority ethnic group. These factors are alienation and a lack of access to positive social roles. Those individuals who are furthest from the mainstream of American society are most likely to feel alienated. Low SES youths are also least likely to have access to jobs and other prominent social roles valued in our society. These factors, in themselves, without any child abuse, would tend to increase the frequency of delinquency in this group. Feelings of rejection by one's parents, which might be expected to accompany child abuse, would also most likely support alienation among youth. What we are left with is a whole set of social forces that tend to support both delinquency and child abuse at the same time. Having considered causal factors, we must look at the interventions these causes would dictate.

CULTURAL INFLUENCES AND INTERVENTIONS

Emphasis on cultural forces supporting delinquency leads to an examination of cultural differences between this group and the culture of our community which has deemed child abuse to be both wrong and illegal. It is especially critical in light of the fact that our government and social service institutions are primarily directed and staffed by representatives of the dominant or mainstream culture. The result is a situation of our government attempting to enforce middle class values on a group which has another set of values. This predicament is certainly not limited to problems of delinquency and child abuse but is a critical factor in almost all of our social interventions. As long as models of individual pathology prevailed in dealing with a problem like child abuse, the question of cultural values could be ignored. Once we begin to deal with the problem as a social phenomenon and understand that this behavior endures because it is supported by cultural forces, the question of values and culture becomes critical.

There is an additional cultural value that must be considered in this situation. The sanctity of the family has been an important value in American culture since our society began to be formed. In fact, there still remains a great resistance towards allowing the government to interfere in the internal affairs of the family.

In the past, since child abuse so often involved no one except the members of the family, it was not felt to be a community responsibility. The community has become more and more aware of the extent of child abuse as we have become more aware of the causes of social problems. As child abuse has become identified as not just a danger to the health and safety of young children, but also as a source of delinquency in our society, concern over dangers of government interventions into family life have become considered to be secondary to concerns over protecting our society from the problems of child abuse and delinquency. As seen in Table 2 below, most of the interventions proposed would harness whatever community forces are available, at the same time considering those individuals involved as individuals.

TABLE 2

THREE FOCI OF INTERVENTIONS

PROBLEM	CAUSAL EXPLANATIONS	FOCUS	INTERVENTION
Child abuse	Poor economic conditions	Community	Increase community resources —day care; job placement
	group/ external	Parents	Offer skills —to get at resources (jobs, "hardware") —to deal with stress without aggression
		Children	Offer placement in day care, residential enrichment programs, after school activities; older youth groups, advocacy, jobs
	Poor impulse control	Community	Provision of crisis intervention centers for families, children
	individual/ internal	Parents	Therapy aimed at —communication skills (verbal) —self-control (individual therapy) —appropriate models —communication skills
		Children	
	Poor verbal skills	Community	Schools; MHMR
		Parents	Communication skills training

PROBLEM	CAUSAL EXPLANATIONS	FOCUS	INTERVENTION
		Children	Communication skills training remediation program (school)
	Inability to control children through other means	Community	Day care; CINS residential centers —community schools/churches other parenting skills
		Parents	Parenting skills training (reality therapy, behavior modification, PET)
		Children	Individual therapy, alternate care
	Physical aggression as norm (cultural)	Community	School Churches provide and support non-physical and non-aggressive values; provide positive outlet for aggression (sports)
		Parents	Churches Parent groups Peers provide and support non-aggressive model
		Children	School; church programs; recreation; "Big Brother" - appropriate models

TARGETS FOR INTERVENTION

Three foci are identified as appropriate targets for intervention. Causal explanations developed elsewhere in this paper are treated individually and interventions based on each cause and each focus are proposed. The first two foci identified present an interesting contrast in intervention approaches. The first, poor economic condition, is an external, environmental factor, and the interventions proposed here are community interventions (such as making resources more accessible, offering day care or residential enrichment programs). Impulse control, on the other hand, is viewed as an individual internal problem, and interventions proposed here are aimed more specifically at the problems of individuals. Consideration of child abuse as a community problem is manifested repeatedly in the interventions proposed. Existent community resources, the schools, churches, recreation programs, and the informal supervision of Big Brother programs are emphasized. To the extent that a community can offer these interventions in those areas where child abuse is most prevalent, abuse should be decreased and subsequent delinquency should be minimized.

THE CHILD AS FOCUS

While the current password in social services seems to be "whole family" interventions, to some extent our focus must be on the child. Information on child-rearing patterns in a whole community, even if that "community consists of only a number of city blocks, is going to be very sketchy. Parents who are child abusers may often commit their abuses only within their homes, hold steady jobs, and never be recipients of what we call social services. Children, primarily through the schools, are always the recipients of social services. School teachers and neighbors noticing the effects of child abuse on a child (be these visible marks of abuse like bruises or abrasions, or less obviously, a cowering personality) will most often bring child abuse to the attention of our social service intervenors.

Primary prevention is viewed as the most efficient mode of intervention into a social problem. Primary prevention in child abuse, it would seem, could be accomplished most easily by either preventing adults who would abuse their children from having children, giving all parents good parenting skills, or severely limiting exposure of children to potentially abusing adults. Of these choices, the only feasible alternative without a massive restructuring of society would be the provision of parenting skills on a broad level. Since parenting skills are so often passed on from one generation to the next, our interventions should begin as early in the child's life as possible to expose the child to models of good parenting. The child will not only be raised better, but will also learn from himself or herself positive ways of child rearing. Chart III outlines some interventions based on the child as focus. Deficits are identified, and interventions deemed appropriate at various age levels for the children are proposed. The problem is assumed to build the older a child gets. A developmental perspective would imply that problems not solved and needs not met will require more intensive interventions the older the child gets. The tree can be assumed to grow as the twig is bent. Trees and twigs are much easier to bend when they are young. It is easier to alter behavior patterns that are less firmly established. (See Table 3.)

Although this chart should be largely self-explanatory, some aspects of it should be emphasized. The intervention required becomes more and more intensive as the child gets older and his own behavior patterns become more firmly established. Consideration is given to the child's developmental needs. During infancy and early childhood, a loving, nurturing environment is most likely the child's greatest need. From ages four to ten, a positively-oriented, supportive environment will help the child develop the feelings of confidence and industry that are the main developmental crises during these years. As the child becomes a teenager, and perhaps more set in his ways, a more structured environment may be necessary to correct what are now fairly ingrained deficits.

TABLE 3

FOCUS ON THE CHILD AND HIS/HER NEEDS

AGE	DEFICITS	INTERVENTION
0-4	Consistent parent/child interaction Inappropriate model of frustration ➤ aggression	Remove child to more "loving" environment, work with parent --Self-control --Parenting skills Provide appropriate model to work with child and parent(s)
4-10	Poor verbal skills; Poor impulse control; These characteristics will often be developing but require parent models or other significant adult.	Remove child to more supportive environment; work with parent (same as above); offer enrichment through the schools, recreation programs
11 and above	Inappropriate peer models; Poor verbal skills; Poor impulse control;	Groups with "pre-delinquents": focus on communication skills, impulse control, structure after school programs. Work with parents —same as above —remove from the home to a more structured environment

Tender licensed care may be appropriate for this middle age group, but it is felt that much more than this will be necessary for the younger and older children. Coinciding with this pattern are cultural values which dictate that youngest children be treated with the greatest compassion and as children get older that they be held more and more responsible for their own behaviors.

At the same time, as the youth is getting older, particularly during the early teens, his mobility is much greater, more responsible behavior is expected of him, and the damage which he is capable of doing should he act out is much greater. Subcultural values supporting aggression would tend to reinforce the need for a more structured environment for this youth, often referred to as a predelinquent.

A causal model relating child abuse to delinquency has been developed. Interventions aimed at the community, parents, and the abused children are proposed. Three assumptions are made about the best conceptual frameworks for interventions. The first is that the problem should be treated as behavioral. If we can stop parents from abusing their children (behavior) we have solved the problem. Second, child abuse is supported by cultural and community forces and is therefore a community responsibility. Third, the effects of child abuse are more severe and become more firmly established the older the child gets. Child abuse should be treated as a developmental problem. The interventions proposed follow from these assumptions. For many years, social service interventions have been based on assumptions similar to these. Often these assumptions were tacitly made and emphasis on one variable or another varied from time to time and place to place. Current programming requires the development of models based on problem analysis. Evaluation should tell us if these models are more functional than those of the past.

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Research

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Maximizing the Impact of Research in Child Abuse and Neglect: A Practitioner Views Research

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The title of this panel, "Research: Too Much or Too Little?," prompts consideration of a series of very significant but until recently infrequently asked questions about the value of research. For example, what has been the impact of research on complex, multifaceted social and clinical problems such as child abuse and neglect? How do we evaluate the productiveness of research in dealing with social problems? Just what might we realistically expect the contribution of research to be, given the vast array of sociological and psychological factors contributing to complex social problems, and how rapidly might we expect that contribution to be made?

Although a combination of cautiousness and cowardliness prevents me from attempting to answer these questions in a brief presentation, I want to examine several issues that seem to bear on the answers. I choose to do this believing it will provide a useful starting point from which to then review research in child abuse and neglect, and offer recommendations about priority areas for future research.

EVALUATING THE IMPACT OF RESEARCH ON SOCIAL PROBLEMS

In order for research to have a significant impact on a social problem, that research must influence the actions of others. There are three basic target groups that researchers hope to influence: social policy makers on all levels of government as well as citizen and special interest groups who may influence the policy makers; practitioners who deal directly with the problem; and other researchers and theoreticians. While a single research undertaking may be directed at more than one target group, it has impact only to the degree it affects at least one of these groups.

After research has been conducted, the first step in successfully influencing these target groups is effective dissemination of research findings. Traditionally, the predominant means of dissemination has been through publications in professional journals and presentations at professional meetings. Such forms of dissemination, while presumably effective in communicating findings to other researchers, are notably less effective in reaching social policy makers and practitioners. Techniques of successful dissemination to these two target groups are not as well developed and serve to severely limit the potential positive impact of research on a social problem.

In attempting to overcome this problem, researchers interested in influencing social policymakers have begun to testify more frequently before government bodies, meet formally and informally with nongovernment groups of influence, and prepare more readable and less technical reports for government groups, private groups, and the mass media. Researchers interested in reaching practitioners have resorted more and more to workshops, consultations, the preparation of manuals, workbooks, and audiovisual training materials, as well as the mass media. The impact of these attempts to improve effectiveness of dissemination remains to be determined.

Given the limitations imposed upon the contribution research might make to social problems by the dissemination issue, the next important question is what type of research will have the greatest sphere of influence. In this regard, the potential impact of research directed towards social policymakers is great, for these policymakers exercise control over substantial resources. Indeed, to the extent that a problem is judged to require action on a social or economic level as opposed to a clinical one, then it is only through influencing social policymakers that significant progress with the problem is likely to be made.

Although for different reasons, the potential impact of research directed towards other researchers also seems great. Such research has potential for ultimately producing findings that radiate beyond just one social problem to have positive effects on several. For example, research into cognitive development in early childhood may conceivably impact one day on educational problems, retardation, behavior problems, and antisocial behavior. Research aimed at practitioners is likely to have more limited effects. It has neither the potential of influencing people who control substantial resources, such as policymakers, nor of impacting on a series of social problems such as in more basic research.

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To this point, the discussion has looked at general factors that affect the contribution research makes to complex social problems. The questions of the target group to whom the research is directed, the effectiveness of dissemination efforts to that group, the sphere of influence of that target group, and the potential breadth of influence of the research findings themselves have all been briefly discussed. With this background, it is now time to consider some special factors in research in child abuse and neglect that stand to affect the positive contribution to be made in these fields.

SPECIAL PROBLEMS OF RESEARCH: DEFINITIONS OF ABUSE AND NEGLECT

Probably the first special problem that must be mentioned about research in child abuse and neglect deals with the definition of the phenomenon under study. Debate on definitions has focused on several different issues. One of the issues has been the degree of comprehensiveness of the definitions, with some researchers opting for very broad definitions. For example, Gil (1973, p. 7) has proposed a definition of child abuse as:

> Any act of commission or omission by individuals, institutions, or society as a whole, and any conditions resulting from such acts or inaction, which deprive children of equal rights and liberties and/or interfere with their optimal development.

Child abuse typically has been defined in terms of specific physical injuries inflicted upon a child by a caretaker. Furthermore, most definitions have required that the injuries be "intentionally" inflicted. Since intentions cannot be observed directly, their presence (or absence) can only be determined through inference. This imposes a special burden on researchers to demonstrate that the phenomenon they are studying under the name of abuse is a "reliable" phenomenon--that is, that there is a high degree of agreement between judges on the appropriateness of that label. Few researchers, however, have discussed the question of interjudge reliability (see Friedman, 1976 for a review of this issue).

Further, it has been pointed out by several researchers (Gelles, 1975; Giovannoni, 1975; Parke and Collmer, 1975) that one way of conceptualizing abuse is not as a set of behaviors, "but rather a culturally determined label which is applied to behavior and injury patterns as an outcome of a social judgment on the part of the observer" (Parke and Collmer, 1975). From this important perspective, the researcher is burdened with describing the social judgment process by which the label of abuse came to be used.

The problem of definition is equally serious in the study of child neglect. The most significant and extensive attempt to tackle this problem has been made by Polansky and his colleagues (Polansky, Borgman, and DeSaix, 1972) who developed a childhood level of living scale which yields separate scores in the physical care and cognitive/emotional care sphere. Other researchers, however, have enumerated many more different categories of neglect. For example, Webb and Friedman (1976) proposed nine different forms of neglect in trying to arrive at a series of reliable operational definitions for a proposed national study of incidence of abuse and neglect. Probably, the type of neglect most difficult to define adequately has been emotional neglect (Whiting, 1976).

PRIVATE NATURE OF THE PROBLEM

While child abuse and neglect are not restricted to the family or the home, most of the research conducted has focused on abuse and neglect at home. Most of what goes on in homes, including much child neglect and most acts of abuse, are private family events. Further, since these problems represent acts for which legal action may be taken, they tend not to be acts which are voluntarily brought to the attention of individuals outside the family by members within the family. This private nature of abuse and neglect presents a serious problem for researchers. It is an obstacle that is shared somewhat by researchers into other illegal or private phenomena, like crime, or aberrant sexual behavior.

The private nature of child abuse, as well as its potential seriousness, makes it unsusceptible to direct observation and requires that heavy reliance be placed on the verbal reports of participants who are typically asked to reconstruct events after the fact. Given their own direct or secondary involvement in the situation and the speed with which events preceding abusive acts may escalate, these participants are often not in a position to report accurately on the events that occurred. This lack of direct or at least accurate information presents a serious problem, particularly to researchers who are interested in the effects on abuse of factors in the immediate family situation.

In the case of abuse, a related problem results from the infrequency of abuse. This makes it difficult to analyze the events preceding and following the abuse to determine if there are patterns of interaction which regularly accompany it. The researcher who is interested in studying and/or modifying a behavior problem such as noncompliance by child to parents, for example, will typically have an opportunity to observe several such incidents within just one hour of observation. The researcher who is interested in studying a low-frequency behavior such as abuse will typically never observe the behavior in question, and will receive only reports of questionable accuracy of the circumstances surrounding the abuse.

Because abuse and neglect are private events for which legal action may be taken, an additional problem created for researchers is the difficulty found in obtaining representative samples of subjects. Most research in the field has been conducted with families from low socioeconomic backgrounds. To what extent this is because such families are more likely to be involved in abuse and neglect, vs. simply being more likely to be detected, is difficult to determine. At best, however, sampling biases make it difficult to generalize the results of studies. At worst, when the extent to which sampling biases exist is unknown, the generality of findings cannot be ascertained. The problem of sampling biases has already been demonstrated in child abuse research where victims of abuse seen in hospital samples have been shown to differ from those seen in agency samples (Friedman, 1976). The extent of differences in lower class abuse or neglect vs. middle class vs. upper class cannot yet be determined.

One more problem related to the private nature of abuse and neglect is that the incidence of the problem cannot be readily estimated. Without the availability of such data in local communities, the effects of community-based prevention efforts cannot be readily determined. Agencies that seek to evaluate the effects of their program in preventing abuse or neglect are hindered in doing so by absence of accurate, low cost, easily attainable data on which to base their evaluations.

VARIED FORMS OF ABUSE AND NEGLECT

Another problem for researchers in abuse and neglect is the multitude of forms the problem behavior takes. Even where individuals agree that particular acts or conditions constitute abuse or neglect, the behaviors they discuss may vary considerably. In studying causes of abuse, for example, can we generalize from findings about parents who use their hands to injure children to those who deliberately inflict burns or those who use instruments?

A related issue deals with the fact that while legal considerations typically require a yes or no judgment be made about the presence or absence of abuse or neglect, this dichotomous formulation represents a gross conceptual oversimplification. It is more accurate to conceptualize a continuum of abusive or neglectful behavior rather than a dichotomy. (See Young, 1964, for one of the few studies that included comparisons of mild and severe abusers and neglectors.) By looking at abuse or neglect as an all or none variable in their studies, researchers may make interpretation of their results more difficult.

In addition to the different forms abuse and neglect may take, the age of victims varies across the full range of childhood. The individual and family dynamics that contribute to abuse or neglect with very young children may differ considerably with older children.

This brief discussion of several special problems within research in child abuse and neglect does not exhaust the topic. Rather, it was intended to focus on a few of the more prominent special problems, particularly as they limit or slow the contributions that might reasonably be expected to be gained from research in these fields.

DIRECTIONS FOR FUTURE RESEARCH IN CHILD ABUSE AND NEGLECT

Given the varying potential impact of research directed towards policymakers, practitioners, and other researchers, and the special problems of research in this area, what are the directions for future research that should receive priority attention?

First, there is a serious need for efforts that help define the scope and seriousness of the problem. A part of this is certainly to continue efforts to determine the overall incidence of these problems. Without this information, it is difficult for policymakers to determine how many resources should be allocated to the problem, and what the effects of interventions have been.

Manus (1974) has pointed out that the question of frequency or incidence is only one step in defining the seriousness of a problem. A second step involves assessing the severity of the consequences of the acts. In abuse and neglect the immediate severity of the consequences has all too frequently been dramatically illustrated. However, there is far less information available about the more long-term consequences of abuse and neglect. Available information tends to have been gathered through ex post facto analyses in which it was difficult to determine causal relationships, and without adequate control groups (see Friedman, 1976 for a review of the research on long term effects of child abuse, and Polansky, Hally, and Polansky, 1975, for a similar review on child neglect). A recent study by Elmer (1977) clearly points to the need for control groups. While longitudinal studies are slow, costly, and beset by high attrition rates, they provide the best potential for yielding clear information—information about the probability that children exposed to particular acts or conditions of abuse or neglect, or raised in particular types of family environments, will have severe problems or engage in dangerous behavior at a later time.

Second, to help guide policymakers there is a need for research that studies the effects of social, economic, and educational programs and policies on families. Too often in the past, programs or policies have dealt with a particular problem but, at the same time, have had unintended and unexpected effects on other problems. As important as education is, its effects on families are often disruptive despite the best efforts of educators.

Third, a strong need exists for research on programs aimed at preventing child abuse and neglect. In fact, for maximum efficiency in view of the relatively low base rate of occurence of abuse and neglect, such programs should focus on preventing other types of serious family disorders as well as abuse and neglect. In a very lucid discussion of prevention in mental health, Cowen (1977) recently suggested that primary prevention efforts might well be directed towards the measurement of environments, such as family environments, and an assessment of their effects on behavior within the family and on the development of competence in family members. In addition, research on the effects of quality service opportunities made available to high-risk families who are identified at an early time, and programs to prevent unwanted pregnancies and to prepare teenagers for family life should be increased.

Fourth, at the same time broader research efforts aimed either at guiding policy decisions or preventing abuse and neglect are occurring, efforts should also be strengthened to look for causal factors within family units. Researchers might examine problems such as the skills and knowledge needed for effective parenting, the effects of physical punishment procedures and alternative child-rearing practices, the sequential patterns of interaction between family members, with particular emphasis on the escalation of aversive exchanges into violent behavior, and the problems involved for families in making the transition when a new member enters the family. These research efforts should involve direct measures of family interaction patterns wherever possible. Up to this point, most of the research on causes of abuse and neglect has focused on identifiable characteristics of individual members rather than studying patterns of interaction and other situational influences (Burgess and Conger, 1977; Panyan and Friedman, 1976; and Reid, 1976).

Despite the discussion that routinely takes place about the importance of the family unit, and the stresses placed on it, there has been relatively little research on families. For example, while there exists large amounts of information about developmental norms for children, and intellectual and personality norms for adults and children, there is little in terms of behavioral or psychometric norms for families. Further, our diagnostic systems all tend to be individual-rather than family-oriented. Research efforts, both within and outside the fields of abuse and neglect, would be well directed towards obtaining information on functioning of effective and ineffective families.

Fifth, since child abuse essentially represents an act of violence perpetrated against a child, another area of importance for additional research is the study of violence. In particular, research into causative factors from a sociological and psychological perspective, and means of controlling and modifying violent behavior patterns is needed. The emphasis by several authors on studying violence within the family (Steinmetz and Strauss, 1974; Lystad, 1974) is a positive step in this regard. From a conceptual standpoint it appears more beneficial to group child abuse with other forms of intrafamily violence rather than grouping it with child neglect.

Sixth, despite greater difficulties in disseminating research effectively to practitioners than to other researchers, it is important to continue efforts at answering questions of great consequence for people who regularly deal with these problems. There clearly is a need, for example, for more research in identifying abuse and neglect, particularly when the types of abuse and neglect, such as emotional, are hard to define. Also, research on the social judgment process by which labels such as abuse and neglect are applied should be conducted. More research is needed on the effects of various types of interventions. In what circumstances does foster care placement prove valuable to youngsters, and when should youngsters be left at home, for example. Continued rigorous evaluation is also needed for direct service programs and innovative treatment procedures. An important component of such research should be attempts to replicate findings at new program sites, and with different treatment personnel.

With all the research, but particularly with that which is directed towards practitioners, it is important that input into the formulation of the problem and the methods be obtained from practitioners. This will increase the potential usefulness of the findings for workers in the field while also providing researchers with ideas and information from those who daily deal with the problems of abuse and neglect. To the extent that research ultimately directed towards practitioners can be tied into ongoing service efforts, then the findings are likely to realistically reflect the problems as faced by practitioners. While it may be impractical for service personnel, overburdened as they typically are in child welfare, to devote large amounts of time to data collection, such personnel frequently will willingly support the research effort if their input has been sought, the project realistically presented to them, and they see some benefit from the study.

Seventh, there exists a need to integrate and synthesize the existing body of knowledge concerning abuse and neglect. Unless this is systematically and regularly done, policymakers, researchers, and practioners will have difficulty keeping up with new information in the field, and there will develop a large collection of unconnected findings and unsupported myths. Further, there is a great need to integrate the knowledge concerning abuse and neglect with the knowledge gained in other related fields. To the present, abuse and neglect have been studied relatively in isolation from such relevant fields as the study of aggression, family process, personality measurement, and child development (see Friedman and Friedman, 1976 for a discussion of the relationship between social work research on abuse and psychological research on aggression). It would also help to bring scholars in these related areas more directly into research efforts in abuse and neglect. This would be a relatively low cost way of reducing the existing overabundance of unconnected findings in the field, and substantially increasing the empirical and theoretical base of several fields.

Eighth, the field of child neglect has been neglected too much. Greater attention has clearly gone to studying child abuse despite the fact that the frequency of neglect is considerably higher than abuse (Polansky, 1976). Research efforts to study neglect in its various forms should be substantially increased.

This list of areas deserving special attention for further research in abuse and neglect is brief and selective. It clearly does not include all the important areas requiring more study but rather only selectively highlights what seem to be some of the most critical ones.

CONCLUSION

To this point we have discussed issues pertaining to the impact research might make on social problems and examined special problems of research in child abuse and neglect. A number of priority areas for further research have been presented. Given the multiple factors that contribute to child abuse and neglect, and the preliminary state of knowledge, the priority areas have been diverse and have included both basic and applied research, prevention and treatment, and societal-and family-oriented research. It clearly seems too early in the study of abuse and neglect to ignore any of these key areas.

In a sense, this brings us back to much the same kind of question examined earlier. Were the research described here to be implemented, what should we expect the impact to be on the problems of abuse and neglect?

Among the positive outcomes to be expected from such a research program are that both policymakers and practitioners would find themselves with a more objective basis for making important decisions. For policymakers this would come from having more accurate information on the seriousness of the problem, the effectiveness of existing programs, and the effects of supposedly unrelated programs on the problems. For practitioners this would come from having more of a data base from which to draw in making the critical treatment and placement decisions they continually confront.

Furthermore, it is anticipated that the results of research into prevention and family functioning would increase knowledge that would be of value not only to the fields of abuse and neglect but to the broader areas of child and family problems. While much of the knowledge to be gained from the more basic research would not be of immediate use, such knowledge should add to existing social and behavioral science knowledge to ultimately enhance the effectiveness of both preventive and treatment programs.

It must be emphasized, however, that given the multiple forms of abuse and neglect, the various factors that contribute to it that are beyond the control of researchers, the definitional difficulties and other special problems hindering research in the area, the slowness of the research process and the need for findings to be replicated, plus the problems in effectively disseminating findings to target groups, it would be unduly optimistic to expect substantial impact from much of the research for several more years. All too frequently in the past researchers have generated problems for themselves by creating unrealistic expectations of the immediacy and magnitude of the gains that might come from their work. This has been done out of their own concern for social problems, or to try to get a foot in the door, or to keep a one-up position with funding sources, policymakers, and practitioners, but has served to create a growing disenchantment with research by the public as well as by practitioners.

To the extent that this disenchantment unduly restricts the opportunity researchers are given to contribute to important social problems, this is unfortunate. While it may be appropriate for expectations concerning the potential impact of research on complex, multifaceted social problems to be lowered, ultimately it is most likely to be through slow, painstaking, but careful programmatic and cumulative research that our knowledge will be increased. By focusing research at those issues most likely to have a high impact, by soliciting input from knowledgeable nonresearchers as well as other researchers in and out of the field of abuse and neglect, and by not overselling the promise of research, our effectiveness in reaching critical audiences with our findings while minimizing cost and delay can be maximized.

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Treatment and Research: One Enterprise or Two? A Behavioral Perspective

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In his opening remarks, Dr. Bill Philips used an analogy of a supertanker making a relatively small 15 degree change in course. The point of the analogy was that to make such a small course change the officer of the deck must order a hard right turn of the rudder. This fairly drastic response will still require a full 15 miles for the desired change in course to take effect. In the spirit of this analogy, I will argue that a similarly drastic change in the research behavior of students of child abuse and neglect is necessary if we are to improve, even a little, our ability to predict, control, and explain the occurrence of abusive and neglectful behaviors.

In suggesting the need for a change in our research activities, I will orient my discussion around four topics: the relationship between treatment and research; current problems in research; what we have learned so far; and the focus for future research.

TREATMENT, RESEARCH, OR BOTH

There is a widespread assumption that research and treatment (or practice) are inherently different enterprises. In contrast, I shall discuss the possibility that research and practice can usefully be considered as one set of behaviors. This possibility is real, for the field of applied behavior analysis or behavior modification provides us with a case study in the collapsing of the roles of the scientist and practitioner.

By 1968 this approach to scientific analysis of socially significant behavior grew to such proportions that a new journal was founded, the *Journal of Applied Behavior Analysis*. In the first issue of the new journal, Baer, Wolf, and Risley (1968) outlined the major distinguishing characteristics of the research which would be published in the journal. The title of their classic paper was "Some Current Dimensions of Applied Behavior Analysis." Let us consider each of these dimensions.

Applied Research

Whether research is designated as basic or applied is not to be decided by the research procedures used but by the interest which the larger society shows in the problems studied. As with the concepts of abuse and neglect, we are faced again with the importance of social definitions. Applied research is that which studies behaviors considered, at that historical period, to be socially important or relevant.

Both applied as well as basic research may be concerned with discovery. Applied research is simply constrained to examine variables which have some hope of being effective in improving the behavior under study. Indeed, as with basic research, we can engage in applied research for several reasons. One, the researcher may simply try to apply existing theoretical or general principles to solve problems of a practical nature. The theoretically alert practitioner is especially able to exploit the serendipitous finding and contribute to knowledge generation as well as its use. Two, the applied researcher may attempt to extend deliberately and systematically the generality of established principles to new domains. This active concern for the question of generalizability of research findings produces findings of a theoretical as well as applied nature. Three, the researcher may try to utilize the natural ecology to discover new principles. Such discoveries very often are not anticipated by theory. In such cases, the familiarity of the researcher/practitioner with his or her subject matter is invaluable. Applied behavior analysts generally assume that the individual researcher can be concerned with application, extention, and discovery simultaneously (Burgess and Bushell, 1969).

Behavioral Research

Useful and effective applied research is practical. Thus, it should focus its attention on deeds rather than just words. It should focus upon what people can be brought to do rather than what they can be brought to say about what they do. As I shall point out in the section on problems in research, students of abuse and neglect have placed undue emphasis upon verbal reports about behavior rather than upon the behavior itself. Yet, Baer et al noted:

> ...there is little applied value in the demonstration that an important man can be made to say that he no longer is impotent. The relevant question is not what he can say, but what he can do.

Analytic Research

The analysis of behavior requires a believable demonstration of the conditions responsible for the occurrence and nonoccurrence of the behavior under study. We achieve such an analysis when we can exert systematic control over the behavior. Analytic behavior applications, then, achieve or strive to achieve experimental control of the processes under study.

Research of this kind must address numerous difficult problems. First, the behavior under study must be reliably quantified. This is of major importance when we deal with emotionally charged topics such as child abuse and neglect. The fact is, however, the social significance of the behavior under study cannot be allowed to absolve us of this important task. Our failure to deal adequately with the demands of reliable measurements will doom our best efforts to failure.

Second, we must identify and describe the procedures we use as precisely as possible. The applied researcher's or therapist's path to hell is paved with imprecise procedures. Third, our procedures must be subject to replication. In fact, the best criterion to use in assessing the adequacy of procedural descriptions is whether or not they can be replicated by a trained reader. And, surely, the efficacy of any intervention program must rest on its successful replication.

Four, when a set of procedures has been found to produce successful results, we then need to analyze those procedures into their effective components. Which of the procedures are necessary? However, given the current state of our knowledge about the causes of child abuse and neglect, our primary concern at this time should probably be with getting reliable results rather than with component analysis.

Finally, we should focus our efforts on getting results which can be generalized over time and across settings. The likelihood of our success here depends considerably on our successfully dealing with the first four problems mentioned.

In answer, then, to the question of whether we need more research or more practice, I suggest we need applied behavior analytic studies which will make obvious the importance of the behavior changed, its quantitative characteristics, the experimental conditions which isolate what was responsible for that change, the exact description of the procedures responsible for that change, and the conditions which must be met to assure the durability of that change.

CURRENT PROBLEMS IN RESEARCH

In keeping with the previous sections, I have selected three problems to comment on in this section.

Words vs. Deeds

In the area of child abuse and neglect, there has been far too great an emphasis upon what people say about themselves rather than on what they do. A considerable amount of our uncertainty as to the principal determinants of abuse and neglect may be attributed to the research methodologies employed in most studies. Most of this research has relied upon secondhand information, clinical assessments, rating scales, survey questionnaires, and the secondary analysis of official statistics.

Undoubtedly, these indirect assessment procedures have their place and I am not suggesting they be discontinued. By themselves, however, they simply may not be capable of yielding the kinds of unbiased, highly detailed accounts of behavior necessary in the search for determinants of abuse and neglect, for design of effective treatment programs, and for evaluation of those programs. Moreover, major discontinuities have been discovered between interview reports and the actual behavior of parents and children during home observations (Jones et al, 1975).

For these reasons, we need to restore some balance to our research efforts by encouraging studies which employ direct observations of behavior and which make those observations in ecologically valid settings (e.g., the home) at the time those behaviors occur, not retrospectively.

Low-frequency Behavior

A second problem centers around our focus on dramatic, sensational behaviors--behaviors which typically are low-frequency events. Low-frequency behaviors are difficult to study for several reasons, such as our inability to be present when they occur and to predict their occurrence with any accuracy. Basically, we must address ourselves to higher frequency behaviors--behaviors which can be specified precisely, which occur on a day-to-day basis, and which can be modified. Family interaction patterns, physical as well as verbal, meet these requirements. Family members interact daily, and the quality of these interactions as they occur day-to-day, week-to-week, indeed year-to-year, may be far more significant to a child's and a family's development than the drastic but seldom occurring physical assault leading to severe injury (Burgess and Conger, 1977). Moreover, by focusing on patterns of family interaction we can, then, examine the full range of child abuse from relatively mild psychological abuse such as sarcasm, ridicule and disparagement, to common forms of physical punishment such as spankings, all the way to excessive and violent physical attack.

Component Analysis

A third problem with much of the research on child abuse and neglect has been the failure to assess carefully the components of the various procedures used. This especially applies to demonstration studies. While the "shotgun" approach may be defensible at an early stage of research, we eventually must determine the necessary and sufficient procedures for effecting behavior change.

Component analyses require not only precise specification of procedures and behavioral events but, to be effective, they also need carefully designed longitudinal studies to assess the effectiveness of our procedures over time. Recent developments in sequential-longitudinal strategies make this need even more imperative (Nesselroade and Baltes, 1974).

WHAT WE HAVE LEARNED

Most of the recent excellent reviews of research literature indicate that abusive and neglectful behaviors have multiple determinants--psychological, sociological, and situational--and that these are learned behaviors which are transmitted from one generation to the next (Belsky, 1977; Parke and Collmer, 1975). Moreover, these behaviors are often symptoms of a more fundamental problem involving the lack of effective social skills. These behavioral deficits become especially critical during times of stress and when the parents are trying to effect some change in their child's behavior (Burgess and Conger, 1977). Finally, it is becoming increasingly evident that the problem is interactional in nature. The assignment of blame is simply irrelevant, for the child may be an active agent in his or her own abuse and neglect.

These research findings; i.e., the multidimensionality of abuse and neglect; the fact that they are learned behaviors transmitted intergenerationally, that they are symptomatic of general social deficits, and that they are basically interactional in nature, all have implications for our future research and treatment efforts. I will outline some of these implications in the next and last section.

FOCUS OF RESEARCH

Clearly, we still have so much to learn that we should foster as much diversity as possible. Within this framework of diversity we should, however, place much of our emphasis on the analysis of parent-child, indeed family, interaction. This emphasis is dictated by the fact that this is where the action is. Abuse and neglect do not occur in a vacuum. Instead, they occur within a social matrix and that matrix consists of the recurring behavior exchanges taking place between various members of the family.

Given this, special emphasis should be placed on the isolation of the causes or determinants of these deviant styles of interaction. If we are to do this effectively, we must design studies which have experimental and longitudinal components. In this way our research efforts will not only be socially significant, i.e., applied and behavioral, but will also be analytic.

It is my view that a concern for service delivery systems, treatment modalities, preventive programs, even massive social change, independent of the search for causality, will be futile and costly in human as well as economic terms.

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Research: Too Much, Too Little?

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INTRODUCTION

Many of you may know a children's story entitled "The Emperor's New Clothes." The emperor, so the story goes, asks his tailors for a new suit of clothes, and his tailors oblige with an "invisible" new suit. This is really a bit of consumer fraud. However, the members of the emperor's court, rather than tell him that he has been hoodwinked, exclaim the beauty of the new clothes. Led on by this social support the emperor declares there is to be a royal parade. He participates dressed in his new suit of clothes. During the parade, the emperor's subjects comment about the beauty of the new clothes; all, that is, except one little boy who exclaims that the emperor has on no clothes at all.

The story ends there. However, recently, it has been found that there is more to the story. Actually, the new information was unearthed in archaeological diggings in the old Moravian community in Bethlehem, Pennsylvania, where I live.

The additional parts of the story pertain to what happened at the emperor's parade. There were, in fact, two other persons at the parade who realized that the emperor had on no clothes. One was a social worker and the other a social researcher. Now, it happens that not one but two versions of what occurred were found. Experts have analyzed them and cannot determine which is authentic. Thus, I must leave it to you to decide.

One version says the social worker and the social researcher were on different sides of the street. Seeing that the emperor had no clothes, both went into action. The social worker obtained some clothes, rushed to the emperor, and began arranging a home visit to determine if other members of the family were in a similar state. The social researcher, coming from the other side of the street, asked that no services be provided until a matched control equal to the emperor in income, education, and occupation could be found, then began an in-depth interview to determine how the emperor came to be in this situation.

The second version says the social worker and the social researcher were standing on the same side of the street. They had worked together before, and when they saw the emperor's situation, moved into action together. The social worker made provisions for meeting the emperor's needs for clothing. The social researcher, without impeding the provision of services, set out to determine ways to prevent recurrence of the fraud, to assist the social worker to determine the effectiveness of the services provided, and to follow up on the family after services were terminated.

I do not know which version you feel is the real one, but I know which one I would like to think is the real one--the one in which there is cooperation. It also seems to me that the title of this panel, "Research: too much or too little?", implies that the two activities come from different sides of the street. By contrast, I suggest that the real concern should be to encourage more cooperation between service and research.

Undoubtedly, service and research represent different perspectives. The former meets immediate human needs and works to resolve serious human problems. The latter seeks answers to questions about the same human problems: Why do they occur? How can they be resolved? Do they recur once they have been resolved?

I wonder, however, if we have become too focused on the differences in perspective. Have we lost sight of the advantages of cooperation? Those advantages affect not only the quality of our professional activities but also the quality of life of the families that are the focus of those activities.

DESCRIPTION OF THE SERVICE PROGRAM

I want to describe a child abuse demonstration program in which research is part of a multidisciplinary child abuse team. The service agencies involved are two county child welfare programs, two county mental health programs which provide group and family therapy, and Head Start, which provides parent education services. Research and evaluation are parts of the multidisciplinary team and are provided by a research team from the Lehigh University Center for Social Research. In addition to developing and assisting with evaluation of the service program, the research team also conducts two projects. One is a follow-up study of families serviced by the local child abuse program since 1967. This study is funded by the Office of Child Development. The other, funded by the National Institute of Mental Health, examines family coping behaviors (both parent and child) by comparing families cited for abuse with families of similar backgrounds who have not been cited for abuse. In short, there is a cooperative relationship between service delivery and research staff.

EXAMPLES OF COOPERATIVE INTERACTION

How does this cooperative relationship work?—not only through our working together, but most importantly, through opportunities to exchange ideas and to share results from research. For example, the child abuse casework staff and supervisors meet monthly with members of the research team for discussions. We also have a research advisory group, comprised of liaison members from each service component, which meets regularly to discuss policy issues. For example, the advisory group discussed at length questions of confidentiality and related issues before research was initiated.

There are several examples of the type of research we do, and the kinds of results we provide service deliverers.

Study of Stresses on Families Cited for Abuse

One part of our research involves recontacting families cited for abuse to determine what their lives are like now, after service, compared with what they were at the time of abuse. This takes us into homes over a two-county area to interview parents. While we have not yet done analyses comparing past to present, we have documented the sizeable amount of stress under which these families live. We work with a list of 39 sources of stress. To date, we have determined which occur most frequently. We have also calculated the number of different stresses within each family. Thus, we can provide to the service staff a systematic picture of stresses these families experience. We have also found that they use our list to identify stresses during the early phases of intake. In one instance, a caseworker by using our list found several areas of stress not previously identified.

Table 1

Percentage of 128 Families Having Different Sources of Stress

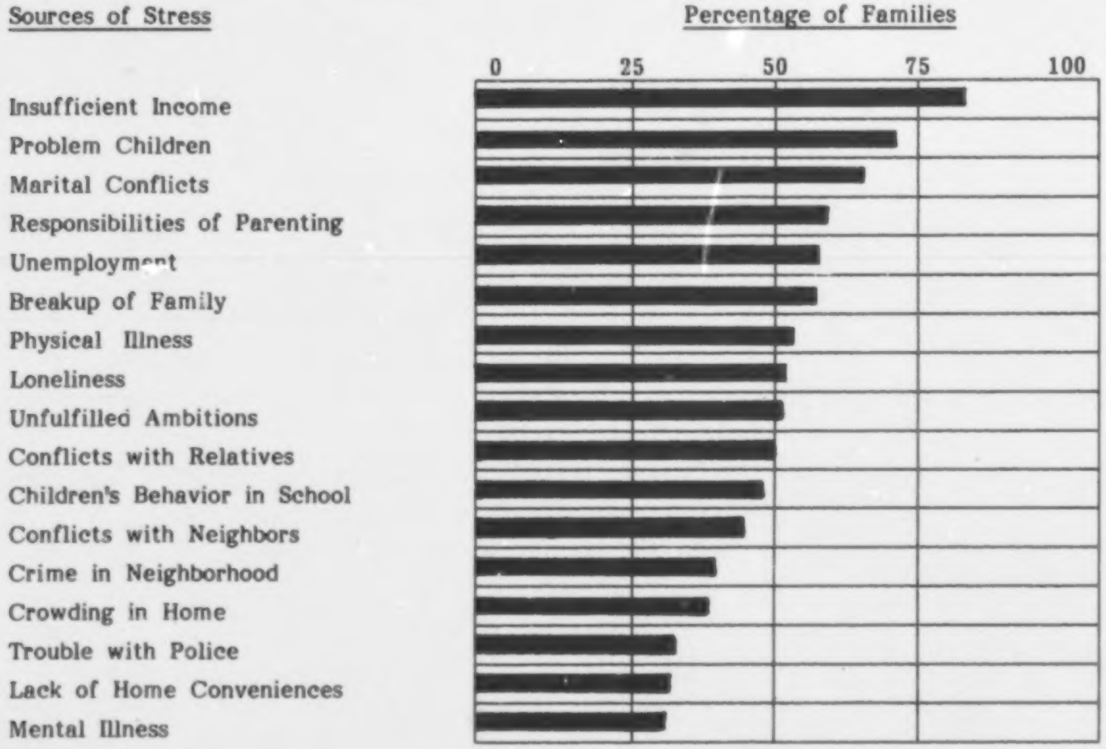


Table 2

Frequency and Percentage of 128 Families Having Different Numbers of Stressors Per Family

Number of Stressors Per Family	Number of Families	Percent
1-10	46	36
11-20	56	44
21-33	26	20
	128	100

Study of the Quality of Parent-child Interactions

Another area we study is the quality of parent-child interactions. Members of the research staff observe a mother or father playing with his/her young child in four types of activities. Some results show that abusive parents give less help to their children and express less approval of their child's performance than nonabusive control parents.

Table 3

PARENT-CHILD INTERACTION
Percent of Intervals in Which Parent Helps Child

ABUSE	CONTROL	TYPE OF TASK
16.6%	24.8%	Puzzle
6.8%	5.3%	Playdoh
10.0%	17.5%	Felt Board
0.3%	0.0%	Book
N=10	N=10	

Table 4

PARENT-CHILD INTERACTION
Percent of Intervals in Which Parent Shows Approval Toward Child

ABUSE	CONTROL	TYPE OF TASK
11.2%	23.5%	Puzzle
4.7%	13.2%	Playdoh
14.1%	19.1%	Felt Board
15.3%	32.7%	Book
N=10	N=10	

Children from abuse families express less affection and indicate less pleasure than nonabusive controls.

Table 5

PARENT-CHILD INTERACTION
Percent of Intervals in Which Child Expresses Affection Toward Parent

ABUSE	CONTROL	TYPE OF TASK
7.8%	17.4%	Puzzle
0.6%	1.3%	Playdoh
1.0%	2.5%	Felt Board
12.3%	21.3%	Book
N=10	N=10	

Table 6

PARENT-CHILD INTERACTION
Percent of Intervals in Which Child Expresses Pleasure

ABUSE	CONTROL	TYPE OF TASK
5.6%	8.3%	Puzzle
19.0%	30.7%	Playdoh
11.2%	18.5%	Felt Board
12.7%	30.7%	Book
N=10	N=10	

As part of this study, we have developed a videotape illustrating positive and negative qualities of parent-child interactions, and have used it for in-service training of caseworkers and Head Start home visitors. We are currently examining ways in which Head Start home visitors can work with parents to improve the quality of parent-child interactions.

Study of Family's Progress While Receiving Service

Another area of study is monitoring a family's progress during its participation in the service program. The service staff helped us develop a list of issues which reflect where progress could be expected. We developed scales to measure change related to these issues. These scales are then completed by each service component on each of their families. Scales are redone every six months. Comparisons of ratings from the beginning and end of each six-month period can be made in different ways. One way is simply to determine whether there was positive change (that is, progress), negative change (that is, deterioration), or no change at all. Then, each of the three types can be tallied. There are different numbers of changes that could occur, depending on the number of family members. In the two families depicted here, a total of 40 changes are possible. Fifteen positive changes occurred in the family with only one negative change, a net positive change of 14. The second family had three positive and two negative changes, a net positive change of one.

Table 7

PROGRESS EVALUATION
Changes Over 6 Month Period

	Family 1		Family 2	
	Child 1	Child 2	Child 1	Child 2
1. General Status of Children				
Physical Health	NC	NC	NC	NC
Educational Status	NC	NC	NC	NC
Nutrition	NC	NC	NC	NC
Social Skills (withdrawn)	NC	NC	NC	NC
Social Skills (aggressive)	NC	NC	NC	NC
Self-Concept	NC	+	NC	NC
Developmental Status	NC	NC	+	NC
2. Abuse/Neglect (Children)				
Physical Abuse	NC	NC	+	+
Physical Neglect	NC	NC	NC	NC
Emotional Neglect	NC	NC	+	+
3. Home Environment (Family)	Family		Family	
Violence	+		+	
Stimulus Deprivation	NC		+	
4. Family Standard of Living	FH	MH	FH	MH
Physical Health	-	NA	NC	NA
Employment	+		+	
Retard/Educ. Disability	NC		NC	
Vocational Limitation	NC		NC	
Financial Status (Family)	NC		+	
Housing (Family)	NC		-	
5. Parent's Social Relatedness				
Community Participation	NC	NA	NC	NA
Use of Comm. Resources	NC		+	
6. Parenting Skills	NC		NC	
7. Family Stresses				
Alcohol Use/Abuse	NC		NC	
Drug Use/Abuse	NC		NC	
Legal Problems	NC		NC	
Coping with Stress	NC		+	
8. Family System				
Marital Conflict	NC		+	
Extended Family Conflict	NC		+	
Functioning	-		+	
Adequacy of Family Goals	NC		-	

+ = positive change NC = no change
- = negative change NA = not present

Study of Service Accounting

Another area of study focused on determining the type and amount of services provided to families. One objective is to determine which services and how much service are instrumental in families making progress. The result is a "service accounting system" which provides information on the number of times a family receives a specific service, such as home visits, and how much time is spent providing each type. A listing of the services provided one family over a seven-month period looks like this:

Table 8

SERVICES PROVIDED TO FAMILY
7 Month Period

	Type of Service	Time Spent		Number of Interactions
		HRS	MIN	
MARCH:	Telephone Contact Related to Family		30	2
APRIL:	None			
MAY:	Supervisory Session		15	1
	Transportation		50	1
JUNE:	Casework Services (Other)		45	1
JULY:	Telephone Contact with Family	2	30	5
	Case Conference		10	1
	Home Visit	1	15	1
	Group Therapy	2	50	2
AUGUST:	Transportation		25	2
	Home Visit	1	--	1
	Telephone Contact with Family		20	2
SEPTEMBER:	Transportation	6	25	12
	Home Visit	5	45	5
	Conference with Family in Agency	1	--	2
	Case Conference		30	1

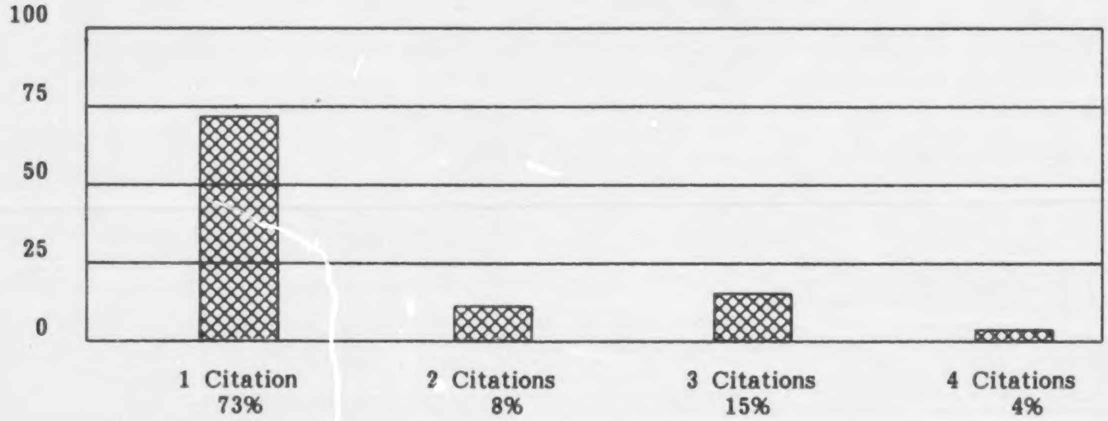
In addition to the research use of these data to examine the effects of service on progress, the service providers use the data to prepare for court hearings and to write reports. We are also asked to assess issues such as how much time caseworkers spend in "transportation" (i.e., getting to and from home visits, clinics, etc.) to help them decide whether to add a transportation aide.

Study of Recidivism

Another example involves a central theme of our research activities, the identification of recidivism or recurrent abuse, and the determination of conditions associated with recidivism. This is proving to be an interesting undertaking. We have read and analyzed the case records of families cited for abuse since 1967. From this has come an analysis which shows that 73 percent of these families have only one citation. This is shown in the following bar graph:

Table 9

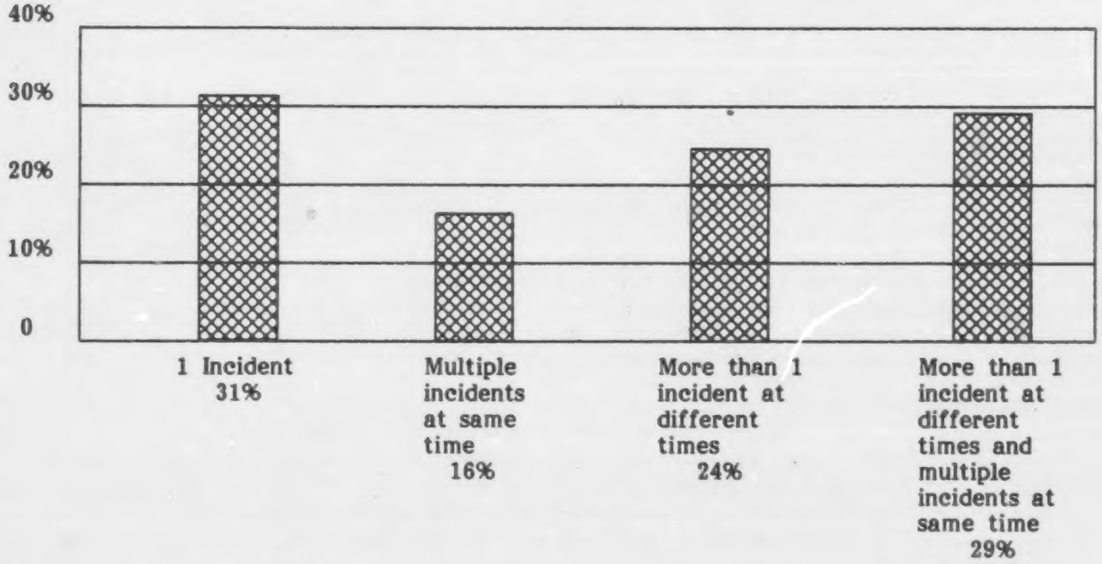
Percentage of Families Having Different Numbers of Abuse Citations
(246 Families)



However, as the next bar graph shows, only 31 percent of the families with one citation have only one abusive incident recorded in the case record:

Table 10

Percentage of Families Having Different Numbers of Abusive Incidents
(246 Families)



Our current estimate is that of the families with an abuse incident, 53 percent will have one or more incidents at a later time. This figure was surprising to the casework staff until we began discussing who these families are. These statistics stimulate curiosity and further exploration of the reasons for repeated abuse, and the characteristics of families who have repeated incidents of abuse.

One aim of our study of recidivism is to pinpoint the characteristics of families in which abuse is likely to recur and to make this information available to service providers. If this can be accomplished, it will then be possible, when a first contact with a family is made, to estimate the likelihood that abuse will recur. Such information would, in turn, be available when making decisions about what services to provide.

In essence, we are working to develop a new role for the researcher, that of a working member of a multidisciplinary service team with the responsibility to gather, systematize, and where necessary, interpret results that will enhance the effectiveness of services. The key to cooperation is communication between service and research staff. Rather than information going only to funding agencies and professional peers, it must also go to the service team. In our case, it generally goes first to the service team. Our experience has been that such communication is beneficial to both service and research.

There are, to be sure, different perspectives held by service and research components. In the long run, however, when there is cooperation, researchers may be able to avoid many dead ends and blind alleys, and service deliverers may be able to focus their efforts in directions that are most effective in reducing the problems of their client families and enhancing the quality of family life.

Evaluation of an Ongoing Treatment Program: Initiations, Problems, Implications

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This paper will discuss service evaluation as implemented at the Panel For Family Living, Tacoma, Washington. The authors' over-riding concern is to effectively spread the concept of evaluation throughout social services.

Most workers, of course, affirm the principle of evaluation. We are willing to judge, by one standard or another, whether the services we provide are adequate or effective. At the Panel, for example, one good measure of our service is whether or not our clients continue to abuse or neglect their children. But while we can estimate in this rather crude form the success or failure of our service program, we are in no position to examine particular aspects of that program or make more than the most subjective judgments about which facet of our services is most suitable for an individual client.

We feel that to be useful, an evaluation program ought to help us answer these types of questions. A good evaluation program can, we think, be useful in several ways:

1. It can provide an objective measure of the change in clients as they participate in services.
2. Information gathered for the evaluation can be used to help workers make more accurate diagnoses.
3. An objective evaluation program can help agencies be more accountable both to the client and to the community.
4. Service evaluation can help the agency decide whether it is meeting its goals and help it determine ways to improve its services.
5. And, finally, a good evaluation program will generate data that is useful to the field as a whole.

SETTING

The Panel For Family Living grew out of a need identified by a juvenile court worker and a legal aid attorney about six years ago. They felt that Tacoma and Pierce County offered insufficient services for parents either accused of being or adjudged to be abusive or neglectful. These two workers began to organize other professional volunteers and slowly a coherent organization began to take shape.

The Panel is a private non-profit agency governed by a board of directors. Since May, 1974, the Panel has been supported by a demonstration grant from the Department of Health, Education, and Welfare.

The Panel's current full-time staff includes an Executive Director, a Training Specialist, a Direct Services Supervisor, an Outreach Worker, an Office Manager, and a Research Assistant. Current funding also supports Dr. Perry's work as a part-time Research Consultant.

Our activities fall into five general categories: community coordination, community education, professional training, client services, and, of course, research.

Client services include group therapy, parent education classes, outreach services, and parent aides. Group therapy and parent education sessions are run by consultants employed on an hourly basis. The parent aides are volunteers paid a modest stipend. The outreach work is done by two of our paid staff and includes counseling, referral, and informational services provided almost exclusively in the client's home.

AGENCY PITFALLS

The Panel's initial funding application included a research component, but that overly-ambitious effort showed meager results and left some continuing hostility toward research or statistical evaluation.

About 18 months ago, when Dr. Perry joined us, the Panel was perhaps ready for a new research project. It had a new executive director and a new supervisor of client services, both committed to service evaluation. There was, however, that lingering hostility toward any research that might disrupt ongoing activities.

Hostility continues in a muted fashion, and it indicates one of the lessons we have learned: unless there is a genuinely open attitude on the part of the agency, a real willingness to question current methods or techniques, it is really impossible to carry on decent research. If all the agency wants is a justification of current practice, it had best avoid research altogether. The authors have tried to make the research effort as non-threatening as possible, although we have been quite open about the fact that we hope it will suggest changes to be incorporated in our service program. And we have worked to involve both the staff and the board in the initial design process.

Unfortunately, however, it seems as if the process of research and the process of serving clients are destined, at times, to clash. Service agencies are always overburdened, and in this particular field are overburdened with clients needing immediate help. The workers who have been asked to administer questionnaires or do observations must continually negotiate the fine line between the demands of the research and the overwhelming needs of the client for rapid service. Thus, it frequently happens that a client is receiving services before the full intake interview—including the battery of tests necessary to the research—has been completed.

All this should not be taken to imply that meaningful research can't be carried out in a service agency working with abusive or neglectful parents. We must, however, warn that there will be traumas and that everyone involved should be aware of this at the outset. Goodwill from both research and service personnel is absolutely critical to the success of such projects.

In light of this, Dr. Perry designed a research project to fit the realities of the Panel's day-to-day operation, one that would evaluate the Panel as it is, not redesign it in accordance with some research scheme. And that, of course, was difficult, for services are seldom offered in a style that falls into a neat research design.

For example, random assignment to services is both impractical and, perhaps, clinically undesirable. The Panel's clients often are referred by other agencies, and frequently are sent for a particular service. The Panel outreach staff also wants to retain the option to exercise clinical judgment in assigning clients to services. As a practical matter, this traditional assignment pattern could not be altered. But without random assignment it is difficult to compare the various services offered by the Panel.

For similar reasons, a random group of clients could not serve as a control group. This would involve withholding service, unacceptable for many reasons. This control group problem also is complicated by the fact that the clients are both relatively heterogenous and few in number. So characteristics within the group could not be studied because the number available for analysis became quite small.

These examples suggest the perils of research design within the strictures of a small agency. Most workable designs fail to control many rival hypotheses, and therefore fail to provide definitive answers about the effects of a particular service. But careful planning and hard work can lead to a design that will yield systematically greater detail about clients and what is happening to them—if not the ultimate answer as to "why" it is happening. The research also can raise questions that may lead to new ideas on treatment and to new insights about the clients and the agency itself.

Having designed an evaluation project, however, it was still necessary to avoid or dispell the lingering distaste for research. Dr. Perry studied the Panel's stated goals and elicited the workers' views of these goals as they governed everyday operations. She created a design and selected measures that would provide information that was directly relevant to the staff, and then met with the staff, the board, and others to explain the design and relevance of the measures.

Her clinical experience was a real advantage. She was able to talk with the staff and the consultants on the basis of her experience in dealing with clients, and was able to understand their concern about the utility of the data to be collected. In fact, as the data collection began, she provided interpreted summaries of test scores to workers, and was able to make tentative treatment suggestions. This quick response was extra effort for her, but it helped to win the staff's support.

Although a firm believer in the utility of statistical information, she readily acknowledged that objective data may not be the total answer to questions of case management or evaluation. This affirmation of clinical skills also helped increase cooperation.

Having created the design and chosen the measures, she began a series of training sessions for the workers who would administer the battery of tests. She pretested the measures with several clients and administered the tests to the initial group of children. She was thus assured that the plan was workable and was able to provide useful suggestions to the workers about administering the tests. She worked to help the workers understand the measures and the utility of the data derived from them, since they would be more apt to put in the necessary time and effort if they believed the results would be worthwhile.

THE DESIGN

The basic design is quite simple. The plan was to evaluate each new client just prior to service, again three months later (having documented the kind and amount of services received during that time), and finally upon termination. In reality it has been a bit sloppier than that. Sometimes services began before the first evaluation had taken place. The interval between pretest and the second evaluation varied from 2 to 7 months. And, finally, termination data proved difficult to get--clients had a tendency to "disappear", and workers a tendency to "forget" this final evaluation. Nevertheless, in a year's time we collected sufficient evaluation data to provide useful and provocative information.

One other aspect of our evaluation project may be of interest. Although there are many descriptions of child abusers, there are few controlled studies that indicate unique characteristics of parents who abuse their children. It is not clear that these descriptions do any more than identify a lower socio-economic class population, where abuse and/or neglect may or may not be found. Since the Panel would be accumulating considerable data on lower social class abuse clients, we decided to take the next step and compare these clients with a carefully matched group of non-abusers.

The data was to perform two major tasks: (1) describe in detail the characteristics of our clients and their families, tapping especially those characteristics identified by others as related to child abuse; and (2) document changes in clients, including both changes specified by the treatment staff and changes in areas that were not necessarily singled out for treatment.

We also included measures of some characteristics that we did not expect to change. This was important, since there is a danger that extreme scores--which we expected in many areas--will become less extreme at post testing regardless of what intervenes simply because of unreliability in procedures. Including non-changing variables measured by the same or similar procedures guards against this difficulty.

These goals and the practical problems of working in a clinical setting guided the selection of measures. The result was a multi-method procedure which utilized interview, paper and pencil questionnaires and inventories, observation, and child testing. The entire evaluation takes from 1½ to 3 hours, depending on whether two parents are in the home, whether the child of concern is in the home, and whether the parents can read. The worker handles the interview and questionnaires; trained graduate students do all observation, the child testing, and the entire evaluation for control subjects. The many categories of Panel clients were collapsed into three basic groups. The "Abuse" group includes those labeled as having physically abused their children, regardless of degree of severity, and those labeled as both abusing and neglectful; 59% of the clients included in the analysis have this label. "Neglect" includes all severities of neglect; 17% of the clients fall here. "High Potential" includes those labeled at high risk for abuse, neglect, or both; 24% of the clients are high potential. The small number of sexual abuse and emotional abuse clients are not included, nor are the few families whose target child is over age 12.

Table 1

Demographics

	Control	Abuse	Neglect	High Potential
Client Referral Characteristic		59%	17%	24%
Sex				
Female	66%	64%	74%	85%
Male	34	36	26	15
Marital Status				
Married	84%	80%	42%	50%
Single	16	20	58	50
Mean Age				
Females	26.5	26.4	28.5	25.2
Males	28.6	28.8	30.2	28.3
Unemployed				
Females	81%	76%	86%	86%
Males	18	24	25	25
Social Class[1]				
3	6%	6%	0%	4%
4	56	48	26	31
5	38	34	58	54
Unknown		12	16	11
Number of Children				
One	43%	32%	50%	46%
More	57	68	50	54
Age of Children				
Under 5	47%	39%	53%	69%
5 or older	53	61	47	31
Referral Source				
Medical		14%	26%	13%
Public Agency		48	47	29
School		3	0	13
Court		6	21	0
Self		23	5	38
Other		6	1	7

[1] Hollingshead, August B. "Two Factor Index of Social Position." Mimeographed, 1957.

DATA

The data presented here are selected from two of our studies. Last fall we did an interim analysis of the intake information on our client groups compared with each other, and each compared with the control subjects we had tested. These comparisons are of group data, and are identified in the tables by the word Group. More recently we have done a partial analysis of our matched control study. This analysis utilizes a pair-wise matched comparison of abuse clients and controls, and is labeled Match in the tables.

A number of people have proposed that parent characteristics are important in defining an Abuse group. We included several of these. A consistent finding has been a history of parental abuse and neglect in Abuse groups, and our data support this finding. In our group, however, the non-abusing spouse (the "Passive abuser") was as likely as the abuser to have been abused as a child, which suggests that previous history may dispose one to tolerance of abusive behavior.

Self-esteem was included as a variable of interest to clinicians because an earlier study (Melnick and Hurley, 1969) found significant differences between controls and abusers on this variable. However, we did not find differences for the Abuse group overall. Our High Potential clients differed from both the Abuse clients and from the Controls.

On the other hand, anxiety, as measured by the Spielburger (1968) trait measure, consistently differentiates Abuse from Controls, as well as the High Potential group from Controls.

Table 2

Parent Characteristics

		Control	Abuse	Neglect	High Potential
Abused or Neglected as Child					
Group		13%	50%	28%	43%
Matched	N=27	16	44		
Resp.	N=16	18	44		
Not	N= 7	25	43		
Self-esteem[1]		N=32	N=32	N=13	
Group		72.0	67.3	63.8+	57.4***
Matched	N=32	67.0	63.3		
Resp.	N=16	64.3	60.1		
Not	N= 8	67.6	60.2		
Anxiety[2]		N=32	N=31	N=12	N=13
Group		36.4	42.8*	39.7	48.2**
Matched	N=26	40.0	46.4*		
Resp.	N=15	42.7	48.0		
Not	N= 8	37.1	47.4		

+ p<.10 ** p<.01
* p<.05 *** p<.001

[1] Eagley, A. H. "Revised Janis-Field Scale" in J. P. Robinson and P. R. Shaver eds. *Measures of Social Psychological Attitudes*. Ann Arbor: Institute for Social Research, 1973, pp. 76-80.

[2] Spielberger, C. D., Gorsuch, R., and Lushene, R. E. *State-Trait Anxiety Inventory*. Palo Alto, California: Consulting Psychologists Press, 1968.

In the Family Environment Scale developed by Moos (1974), three scales (Cohesion, Expressiveness, and Conflict) make up what is called the relationship dimension. The High Potential group differed from the Controls on Expressiveness and Conflict, and approached a significant difference in Cohension. Abusive males, in the group study, and those responsible for the abuse, in the matched study, were significantly lower than Controls in Expressiveness. The significant difference in Conflict between Abuse and Control groups appeared only in the group analysis. The apparent "normality" of the Neglect group on these scales is surprising.

Table 3

Family Environment: Relationship Dimension

		Control	Abuse	Neglect	High Potential
Cohesion		N=32	N=31	N=12	N=13
Group		54.2	48.7	60.7	45.5+
Matched	N=27	53.1	49.2		
Resp.	N=16	53.7	47.4		
Not	N= 8	50.0	52.0		
Expressiveness					
Group		53.9	48.9	54.3	47.1*
Matched		55.6	49.0		
Resp.		57.2	44.2*		
Not		52.1	55.8		
Conflict					
Group		39.7	45.6*	40.3	50.5*
Matched		42.9	47.3		
Resp.		43.6	48.1		
Not		42.0	46.9		

+ p<.10
* p<.05

Another aspect of family relationships is how discipline is carried out. To tap this, we developed an analog measure we call the Situation Interview, a 15-item interview in which a typical and frustrating home situation is read to the parent. The task is to verbally role play the response and to describe what actions, if any, would be taken. The interviews are tape recorded and later coded.

Table 4

Situation Interview: Negative Verbals

		Control	Abuse	Negative	High Potential
Attack		N=32	N=32	N=14	N=16
Group		1.4	1.3	.69+	1.1
Matched	N=26	1.3	1.6		
Resp.	N=12	1.2	2.2		
Not	N= 8	1.1	1.3		
Blame					
Group		1.9	1.9	.69	.86
Matched		1.4	1.7		
Resp.		1.2	2.1		
Not		1.1	1.0		
Challenge					
Group		3.3	3.2	2.4	2.4
Matched		3.0	3.5		
Resp.		3.2	3.7		
Not		3.4	3.5		
Attack, blame, and challenge combined					
Group		6.7	6.3	3.6**	4.7*
Matched		5.5	5.7		
Resp.		5.1	6.1		
Not		5.6	5.8		

+ p<.10
* p<.05
** p<.01

Table 4 includes negative verbal codes. There are no significant differences on Attack, Blame, or Challenge individually, but when these are grouped, both the Neglect and High Potential groups are lower than the Control. It also looks as if spouses of abusers may be slightly lower than the abusers on the "direct negatives," Attack and Blame.

A possible explanation for these findings may be found when we look at the other verbal codes. In Table 5, we find that all client groups are less likely than Controls to Command or Direct the child, and that the Abuse and Neglect groups also reason less. These findings do not hold for the Abuse group in the matched comparison, although those not responsible for the abuse are lower in both than those who are responsible. In other words, the Neglect and Abuse groups (particularly the spouse not responsible for the abuse) are more passive and unwilling or unable to verbally take charge of the situation. The person responsible for the abuse takes more command of the situation, but tends to be more negative in doing so.

Table 5

Situation Interview: Verbal Codes

	Control	Abuse	Neglect	High Potential
Command, direct				
Group	6.9	4.7**	3.9***	4.1**
Matched	6.0	5.2		
Resp.	6.4	5.2		
Not	6.0	4.8		
Reason				
Group	5.7	3.3**	3.5*	4.3
Matched	5.1	3.7		
Resp.	4.7	4.3		
Not	6.1	3.6*		
Other verbal				
Group	1.8	2.1	2.5	2.6
Matched	2.3	2.3		
Resp.	2.4	2.2		
Not	1.5	2.6		
No verbal				
Group	.72	1.7**	2.9*	1.1
Matched	1.0	1.4		
Resp.	.83	1.3		
Not	1.4	2.4		

* $p<.05$
** $p<.01$
*** $p<.001$

The same interpretation for the spouses of abusers is suggested when actions are analyzed (Table 6). They tend toward "No Action" and slightly smaller amounts of both aversive and non-aversive discipline. Apparently they simply are more passive.

The failure to find differences between groups here is somewhat surprising. Perhaps the analog nature of the measure allows respondents to monitor their responses, particularly their statements about actions. However, we are accumulating independent evidence supporting validity of the measure. More likely, the groups are composed of different kinds of people--those who regularly use aversive discipline, and those who do not, but may fly off the handle occasionally. The distribution of scores seems to support this view.

Table 6

Situation Interview: Action

	Control	Abuse	Neglect	High Potential
Non-aversive discipline (D+)				
Group	5.7	5.0	4.7	5.8
Matched	5.7	5.3		
Resp.	6.0	5.8		
Not	6.4	5.0		
Aversive discipline (D-)				
Group	3.8	3.7	3.5	3.6
Matched	4.0	3.9		
Resp.	4.2	3.3		
Not	4.1	2.1		
D+/D-				
Group	2.2	2.5	2.4	2.5
Matched	1.7	1.8		
Resp.	1.2	1.8		
Not	3.1	2.8		
Other action				
Group	1.7	1.7	1.8	1.9
Matched	1.9	1.3		
Resp.	1.4	1.3		
Not	1.8	1.4		
Nothing	4.8	5.0	5.6	4.4
Matched	4.5	5.4		
Resp.	4.2	5.6		
Not	4.3	7.0+		

+ $p<.10$

Some other findings from the Family Environment Scale bear mentioning. Five scales make up the Personal Growth dimension. On two of the five—Independence and Active Recreation Orientation—all groups, including Control, score significantly lower than the norm. We equate the Active Recreation Orientation, in some respects, with the isolation that is hypothesized to be related to child abuse. This aspect of the isolation, at least, appears to be a social class phenomenon, as does the failure to provide independence for individual family members.

Table 7

Family Environment: Personal Growth Dimension

		Control	Abuse	Negative	High Potential
Independence		N=32	N=31	N=12	N=13
Group		42.8	42.0	44.8	44.0
Matched	N=27	42.8	41.0		
Resp.	N=16	42.0	38.4		
Not	N= 8	44.6	47.7		
Achievement orientation					
Group		46.3	46.0	50.8+	44.2
Matched		45.8	46.7		
Resp.		43.8	49.0		
Not		46.0	39.0		
Intellectual cultural orientation					
Group		45.3	43.7	42.8	44.4
Matched		44.0	42.9		
Resp.		44.3	40.3		
Not		41.5	44.0		
Active recreation orientation					
Group		40.2	38.0	43.5	38.9
Matched		38.6	35.9		
Resp.		35.9	35.1		
Not		45.3	38.5		
Moral religious emphasis					
Group		57.8	53.0+	51.6+	51.3*
Matched		56.7	53.3		
Resp.		55.6	52.3		
Not		55.6	53.6		

+ $p<.10$
* $p<.05$

It has been suggested that abuse families are poorly organized. Our data indicates that they do not perceive themselves this way. This raises an interesting ethical issue: perhaps we impose our standards on these families and thus condemn them for being poorly organized, when they neither perceive themselves so nor differ from others in their social class.

Table 8

Family Environment: System Maintenance Dimension

	Control	Abuse	Neglect	High Potential
Organization				
Group	52.1	50.4	55.3	46.6
Matched	49.3	51.0		
Resp.	48.3	49.4		
Not	51.3	51.3		
Control				
Group	51.7	48.4	47.2	54.5
Matched	53.0	48.8		
Resp.	53.6	48.8		
Not	52.5	49.1		

SUMMARY

Let us summarize what is emerging from these studies.

First, it is important for agencies to note that different client populations may differ in their needs. At the Panel, as we have analyzed our services, we have discovered that the service provided does not vary for either group classification or for individual profile. It should.

Second, both abusers and spouses receive the same services, but the services do not attend to their differing needs. Both clinicians and researchers should pay more attention to such differences.

Third, our High Potential group fits the classical description of child abusers more closely than does the Abuse Group--and of course it would, since its members are labeled on that basis. But this raises an issue of identification and labeling. We would not argue that these people do not need treatment, but perhaps they should receive it in a setting which does not label them and which directs its services more specifically to their needs.

Finally, while we do find some differences between our Abuse group and our carefully matched Control group on anxiety, expressiveness and appropriate direction in discipline situations, we do not find differences on some factors one would expect them based on the clinical lore--self-esteem, a family environment of independence, recreational resources, family organization, and negative verbalizations. Perhaps this lore needs to be more critically examined.

We do not present these as definitive findings, but as initial attempts to discover better ways of serving our clients. The research project has been difficult and time-consuming, but we feel it has been of great value to the Panel. We believe that other small agencies would find the endeavor equally rewarding.

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A Practitioner Views Research

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"In order to treat, one must first understand." From this premise, stated by Norman A. Polansky in *Roots of Futility*, comes the rationale for our research. In addressing this panel's topic, "Research: Too Much or Too Little?" I want to base my remarks on my dual role: first, as the field director of a major research study into child neglect; and secondly, as a practitioner in an institution for boys who have been placed there because of neglect and deprivation.

Because I have held these two jobs simultaneously for the last two years I have, perhaps, a unique appreciation for both the importance of research and the importance of direct practice. Children and their families cannot wait for researchers to find out what needs to be done. The practitioner must go ahead.

In working with children in placement, I am confronted daily with making decisions about their treatment, working with child care staff, and involving natural families in planning for the future of their children. One quickly learns how useful theory is in working with neglected children, their parents, and their caretakers, and yet theories are incomplete. Obviously, a practitioner cannot afford to be immobilized by the incompleteness of his knowledge. At the same time, he can be aware of what he does not know.

Addressing what we do not know about the causes of neglect is the attempt of our research effort, "The Apathy-Futility Syndrome: An Urban View," under the direction of Dr. Norman A. Polansky. In part, it is a replication of the 1972 study published as *Roots of Futility*. Fifty low-income, white, Appalachian families having a child in Head Start participated in that study. The mothers of these children were rated in terms of the level of child care given.

In our recent study we replicated this sample in an urban setting. In addition, 46 low-income white families, all of whom have a child between the ages of four and seven living at home, were referred to the study as "neglectful" by social service agencies. One more group was also studied. This was a sample of single, white, low-income mothers who had a child between the ages of four and seven.

To summarize, the recent study had two groups, a control sample and a neglect sample, both of which were comprised of intact and single-parent families. One hundred twenty-five families participated. The independent variable which distinguished the groups was the social service agency referral of the neglect sample.

In our research, we investigated the major influences affecting the level of care children receive. Our hypothesis is that the child's level of care depends upon the mother's functioning, which in turn is determined by her personality. Other factors, of course, enter in, such as the emotional and economic support she receives from her husband, the social and economic conditions of the family, the relationships she has with extended family, friends, and community, the level of her intelligence, and her physical health. An in-depth assessment was made in a series of interviews with the mother and in a single interview with the father, if he was present. All interviews were conducted in the family home. For these interviews, a structured format was followed and a narrative summary to cover each contact was written. All interviews were conducted by one of three staff members, each of whom holds a master's degree in social work. Additionally, a psychological evaluation for each parent and their four-to-seven year-old child was completed. A portion of the sample of mothers and children was medically screened.

Although we worked in several areas of Philadelphia and its surrounding communities, the predominant flavor was given to the study by our largest group, families living in Kensington. This section of the city is marked by block-long lines of brick rowhouses facing each other across narrow streets. Like so many other old neighborhoods, some blocks reflect the care and pride of their residents while others show severe neglect. Factories infiltrate residential areas so that the block where we had our office, which was in a converted house, faced a large meat packing plant which, incidentally, closed during our tenure in the neighborhood. Almost every corner has either a bar, grocery store, or doctor's office. Most neighborhood families were raised in a curious mixture of both pride in and hostility toward the community and the outside world. Kensington is a very large area and although parts are racially integrated, the area in which we worked is populated by white families.

Most families work in neighborhood factories or blue-collar jobs. The highest aspiration of men is to achieve a position within the city police and fire department. Unemployment is chronic, and numerous families are supported by the public welfare system. Single-parent families overwhelmingly depend on welfare for support. In fact, 72 percent of the single mothers in our study require public assistance.

In this neighborhood the education attained by people in our study is between the eleventh and twelfth grade. That our control sample completed high school either through school or through equivalency tests marks a significant difference between the two groups. The neglect sample as a whole shows less ability to complete high school.

Presently, all data has been collected and is being analyzed. Because of this, we can only speak about our impressions of the results, and only in very general terms. All research social workers were impressed by the enormous struggles of the families studied. Even when a family was intact and functioned relatively well, the parents often revealed an almost desperate worry about the children, the marriage, money management, and themselves. The families did not see themselves in control of their lives, and the social worker viewed most families as quite fragile and barely hanging on.

Although, in general, we saw struggling families, those that were identified as neglectful and were referred to the study by social service agencies were in far worse straits. Simultaneously, several major problems were seen, only one of which was child neglect. For most families, their own individual needs were so overwhelming that children became only one more worry in a long list of concerns.

During the study, a mother was asked to assess her child's learning ability. Even in making this assessment most mothers in the neglect sample believed their children were average to slow, while most control sample mothers believed their children to be above average. It appears mothers in the neglect sample cannot even allow themselves the pleasure of bragging about their child.

Neglectful mothers frequently could not recall important developmental milestones in their child's life, whereas control mothers almost always could. In fact, 50 percent of the neglectful mothers responded "don't know" or "can't remember" to at least one of three developmental questions. Only 3.8 percent of the control mothers responded similarly. This appears to be another indicator of the neglectful mother's inability to be in touch with her child's life and, indeed, to enjoy his growth and development.

In the neglect sample we see evidence of pathology and social problems which existed in the parents' own families and still continue in this generation. Many neglectful parents were themselves neglected, never having had a parent to nurture them or to provide a suitable role model. Although the pattern of intergenerational neglect is present, it does not account for all problems.

In making preliminary personality assessments, we feel safe in saying that neglectful parents, in particular, evidence character disorders, severe neuroses and psychoses, and mental deficiency. In the control sample we also find these problems, but there is a difference in the intensity and extent to which these traits are exhibited. Analyzing this data to see how significant these differences are is the task currently underway.

In terms of social relationships the two groups report quite differently. The neglect sample ranks very low in social participation. Fewer belong to social organizations or religious groups, they attend fewer activities in the community, and their relationships with others are few and sometimes nonexistent.

Previously, I mentioned that the intergenerational cycle of neglect operates in some families. Confirmation of this is illustrated in our finding that 31 percent of neglectful parents were themselves placed outside their families of origin while only 8 percent of control parents were placed. Overall, 37 percent of our neglect sample currently has at least one child in placement while only 6 percent of the control sample has placed a child. Single mothers in each group are responsible for 80 percent of placements. While it is obvious that single parents must resort more frequently to placement of children, we see a much stronger relationship in the neglect sample between those who were placed in childhood and adults who now place their children.

From our preliminary work we recognize that most neglectful families are those often termed "multi-problem families." Experience shows that work with these families requires long-term intervention. Changing the life pattern of these families is never easy. Even removal of children from their poor home situations does not guarantee the children will become good parents.

In the past there has been a fair amount of discussion about and recognition of the fact that family life has not been given adequate priority. In acquainting ourselves with the families in our study, it is apparent that many family needs are not met. Families who are managing to survive but who desire help (usually counseling or psychiatric help) often cannot get what they need. Sometimes lack of money is a factor, but more often families do not fit into categories prescribed by service agencies.

Although neglectful families were involved with various agencies, the resources required to do the necessary long-term intensive work were not present. When considering that the jobs which rated lowest in complexity in a recent University of Wisconsin study were foster mothers, child care attendants and nursery school teachers, it is safe to say that society's best efforts are not being directed toward helping the most difficult families.

At this point in our research, we cannot say that there is only one cause of child neglect. The causes are many and the solutions take many forms. Knowledge cannot evolve and people cannot be helped to change and grow unless money is allocated for the advancement of theory. Before any discussion about funding further research can take place, we must be convinced that research has a function in social work and do more to convey its priorities. As researchers and social workers we must first be convinced research is necessary, then a priority must be established within the government, within the agency, and within ourselves to insure its successful beginnings and ultimately its dissemination and use. We are only at the beginning of research into child abuse and neglect, so we must realize that many more questions will be asked than answered. Nevertheless, we are obligated to the profession to ask them.

Speaking as a practitioner as well as a researcher, to me the answer to the question is unequivocal: we clearly need more research to guide our practice.

Emotional Abuse

On Defining Emotional Abuse: Results of an NIMH/NCCAN Workshop

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The issue of emotional abuse was the topic of a pre-conference workshop held in conjunction with the Second Annual National Conference on Child Abuse and Neglect, April, 1977, in Houston, Texas. This workshop was co-sponsored by the National Institute of Mental Health and the National Center on Child Abuse and Neglect. The participants were leaders in the fields of child development, mental health, child abuse, and law.

The participants met for two days as a full committee in an attempt to define emotional abuse from the perspective of mental health and child development. Given the projected difficulty of that task, a lower level objective was also stated in which the task was to explore those issues that needed to be clarified before such a definition could be determined.

This report is written so as to reflect the process of the workshop. The overlap and repetition of ideas mirrors the problems that this group had in coming to grips with numerous vital issues.

INITIAL CONCERNS AND VIEWS OF EMOTIONAL ABUSE

Mental health professionals have avoided the topic of emotional abuse. This avoidance is the result of the profusion of seemingly insoluble dilemmas regarding the accuracy of mental health evaluation of children's disorders and the legal restraints which are particularly present in any definition of abuse. Each participant made an initial statement about his or her own picture of these dilemmas. A summary of these ideas is a study in dichotomies. The process of the workshop was then to work with these dichotomies until some resolution could be found.

A primary dichotomy was the issue of definitional scope. Should there be, as some participants advocated, a broad definition of emotional abuse or, as the others advocated, a narrow one? Proponents of a broad definition spoke of service intervention focusing on the protection of the rights of the child. Those favoring narrowness spoke of the criminal aspects of the reporting process and their concern for the protection of the rights of the parents. Ultimately, any definition must serve both of these ideals. For this reason, a distinction was made between the construction of a mental health definition and one for use in the fields of social welfare and law.

A second dichotomy concerned the focal point of this definition--child behavior or parental actions? Should this definition be based on manifestations of mental injury in the child, or should it concern parental actions which are injurious or potentially injurious? In other words, should it be based on (1) the actual abserved disturbance in children (i.e., clinical diagnosis of a mental injury); (2) a high likelihood that abuse will occur, given the familial environment; or (3) observed parental behaviors that are clearly abusive regardless of the effect on the child? The major objection to using behavioral manifestations of mental injury in the child as the only basis for definition is that we would then exclude the child who does not exhibit a typical behavior, who remains invulnerable even though victimized by a clearly abusive situation (the Oliver Twist syndrome). On the other hand, if only parental behaviors are considered as the basis for the definition, we are equally limited, for the same reasons. The current state of diagnostic knowledge cannot clearly predict that any set of parental actions will directly cause emotional damage in children. Thus, can such actions in themselves be called abusive? Consensus was that further discussion must consider both parental actions and child behaviors.

With further regard to parental actions, several other dilemmas arose. One concerned the inclusion of acts of commission along with acts of omission. Secondly, the question of intent raised greater debate. While some participants felt that parental intent to injure was a necessary parameter in calling a situation abusive, others felt that it should not enter into our definition so that abuse of unconscious origin would not be excluded. Simply stated, if we do observe deviant behavior in the child can we, or must we, trace these behaviors back to parental action or inaction? Further, these points were extended to consider whether or not we can distinguish between an environmentally abusive situation in which the family may find itself (i.e., poverty) as opposed to a personally motivated abusive situation.

The need for mandatory reporting of emotional abuse by mental health professionals and its effect on the therapist-client relationship was also seen as a problem for discussion. Some participants felt that mandatory reporting was necessary; others felt that it could destroy a working relationship with the client and would serve no useful purpose for those already seeking professional help. This led to the question of who should be the person who identifies and labels emotional abuse. While it was generally agreed that an evaluation would probably be conducted by a mental health professional, the initial, and often more critical identification of emotional abuse would probably be made by a child welfare worker or other community agent. The implications of who had the qualifications to identify abuse involving mental injury were considered to be a vital issue in the development of any intervention system.

Abuse by society was another important concern. Some participants felt that not only parents, but also society should be held responsible for the abuses in our institutions, such as schools, foster homes, and detention facilities. This includes consideration of the popular feeling that greater abuse often occurs when children are taken out of the home and placed in institutions or foster homes. With current child abuse laws, the identification and reporting of abuse does not necessarily lead to help. Do we want to just identify and label more families and not be able to help them? And, even if we had the resources (i.e., money, staff), do we really have the professional expertise to change emotionally abusive parents into loving parents?

Further, it was felt that any definition of emotional abuse would need to be formulated taking into consideration the system of intervention in which it would be used, in order to safeguard against further abuse by that system. When looking at the current system of intervention in child abuse, some felt that current law is unjustly applied to one segment of society, specifically, the unjust scrutiny and condemnation of the poor. In formulating a definition of emotional abuse, allowance must be made for cultural and class differences to avoid this unjust application of the law.

DISCUSSION OF ISSUES

Following the initial statement of concerns and views of emotional abuse, several of the issues were discussed in further detail. In considering these expressed views and concerns this work group chose to deal only with a clinical mental health definition of emotional abuse and not a legal or social welfare definition. However, after a mental health definition of emotional abuse is formed, consideration must be given to the legal application of such a definition, with its needed safeguards. This clinical definition must also be expanded into the social welfare realm through consideration of the special service delivery systems necessary for its application.

In attempting to define emotional abuse, discussion centered around an examination of the dichotomy between viewing parental or child behaviors. Any definition must recognize the dynamic relationship between parental and child behaviors. It is not just an isolated behavior of parent or child that defines abuse, but rather a balance between parental behavior (taking into account is severity, causation, and duration) and the child's reaction to this behavior. We must therefore look beyond the parental behaviors to their influence upon the behavior of the child. Any behavior alone cannot be looked upon as a sign or symptom of emotional abuse, but must be looked at as part of an interrelational system between parent and child.

With these safeguards in mind, parental behaviors which might result in mental injury to a child were listed including both acts of commission and omission (Appendix I). As it was being constructed the list began to look like the outline of a lecture on child pathology. This fact further strengthened the impression that such behaviors alone do not constitute emotional abuse. In an attempt to define emotional abuse we had indeed "reinvented the wheel" of assessing the developmental dynamics between parent and child. It then follows that, when defining emotional abuse, the severity and causation of these behaviors must be considered. In addition, the matter of patterning and the repetition of behavior are important considerations. It is also necessary to consider both the timing and the developmental context of these behaviors. For example, a parental behavior may be identified as abusive with a child at age 6 but not at age 12; for a boy but not for a girl.

The concept of intent to cause injury was discussed at length. Cases of accidental or incidental physical injury—unless related to gross neglect—are not seen as being the result of abuse. The current concept of abuse is described by the term inflicted injury. The intent to harm or injure, whether for punishment or in anger, is necessary in the definition. If this concept is extended to mental injury, the observer would have to prove that a parent had intended to harm or injure before a diagnosis of emotional abuse could be made. However, the causality of mental injury is not as direct as with physical injury, and intention is not often visible as a desire to cause mental injury. It was, therefore, decided that parental intent must be excluded from a definition. When intent could be demonstrated it would be important diagnostically, but its absence could not be similarly used. For example, when a parent displays severe and repeated scapegoating behavior that leads to severe depression in the child, the situation is emotionally abusive regardless of whether or not the parent intended to be abusive toward the child.

Attempting to list child behaviors which might indicate that these children are victims of emotional abuse proved to be an even more difficult task than the listing of parental behaviors. It seemed that the best way to link child behaviors to commissive and omissive parental acts was by assessing the impact of the magnitute of parental behaviors (Appendix I). Again, it must be remembered that these child behaviors serve only as tools to help in assessing the dynamic system between parent and child. It is necessary to look at these behaviors within the context of the developmental stage of the child to allow for the exclusion of transient or age-appropriate symptoms. Allowances must also be made for the invulnerable child who does not exhibit any atypical behavior even though exposed to what is considered a clearly abusive situation. We have all come in contact with children who appear to be living in intolerable conditions but do not seem to exhibit any atypical behavior. So again it seems that we cannot direct our definitions to either child or parental behaviors exclusively.

Therefore, the balance between parental behaviors of sufficient duration and intensity and child psychopathology that could be attributed to these observable parental behaviors was seen as an essential element of any clinical definition of emotional abuse. The strength of the causal link between parental action and child behavior must be brought into perspective. This definition must distinguish between emotional problems in children to which we can find some causal parental relationship, and emotional abuse. Otherwise, a case could be made that every disturbed child who walks into a mental health center is emotionally abused.

We cannot just observe the child and/or parental behaviors. Instead, we must examine the severity, duration, balance, and causation of parental behaviors, taking into account the environmental conditions surrounding the family. Only in this way will we be able to distinguish the invulnerable child, the emotionally ill child, and, most importantly, the emotionally abused child.

From the discussion above, the group attempted to set forth, for discussion, a definition of mental injury as the basis of emotional abuse with due consideration to the needs of the child and the rights of the parents. This definition included actions by parents which cause or permit mental or psychological injury or abnormality in a child, and was stated: *"An injury to the intellectual or psychological capacity of a child, as evidenced by an observable and substantial impairment in his or her ability to function within his or her normal range of performance and behavior with due regard to his or her culture."* In discussion, however, this definition of emotional abuse was found to be deficient. While it met the needs of the mental health professional, it was too broad to fit certain legal constraints, namely the rights of the parent and the best interest of the child. In order to include both mental health and legal concerns, a dual set of definitions was proposed. This two-level definition would help to allow for a broad area of service intervention at the same time allowing for a narrow area of legal intervention to protect the rights of the parents and to insure the best interests of the child.

Our present system of managing abuse and neglect does not allow for the flexibility required by a two-level definition of emotional abuse. Therefore, a process must be developed for implementing this definition through evaluation and intervention while at the same time attempting to safeguard against the possible negative consequences of this intervention. This intervention system must also be a two-level system which will serve to operationalize the two-level definition of emotional abuse.

TWO-LEVEL DEFINITION AND SERVICE SYSTEM

A primary principle in the definition of emotional abuse and neglect appears to be a two-level definition integrated into and made operational by a two-level service system. Throughout the workshop, as presented above, the need for these two levels was pervasive.

As stated earlier, a two-level system for defining emotional abuse appears to be the best way to allow for maximum service intervention with minimal legal intervention. Through this type of system, mental health services could be offered to many families, with legal intervention used only as a last resort.

It was felt that the evaluation of the mental health aspect of the definition should ultimately be made by a mental health professsional. This professional would take the issues mentioned above, such as the nature and severity of both parental and child behaviors, and put them in the context of cultural norms as well as extenuating environmental conditions of a familial situation. Any decision regarding emotional abuse would require evaluation of past, present and future treatment intervention for the family, including any past treatment attempts the family may have made or is now making. In the decision to diagnose, one must ask what types of resources are available or will be available to a family labeled "emotionally abusive."

The need for a broad definition to include all these considerations is clear. However, it was readily admitted that the initial, and perhaps more important, evaluative decision would most often be made by the child welfare worker who first comes in contact with the family. And, further, our present protective service systems are not flexible enough to accept such a broad definition without the high probability of negative consequences of the evaluation and intervention, and the alienation of parental rights. Therefore, a newly designed intake system must be designed, modeled to fit the need for both a broad definition and protection of parental rights.

The mental health definition of emotional abuse and a system of service delivery that allows us to operationalize this definition must be created concurrently, relying on the identification of certain service elements within the community to offer aid to emotionally abusive families. The first level would be a non-judgmental intake system based on the evaluation of child development in relationship to parental actions--a mental health level.

The second level of this system would require community intervention at a legal level and would be reserved primarily for families who are uncooperative at the mental health level or for those situations requiring immediate controls. It is here that a narrow definition of emotional abuse--one that would require community intervention into family life--would be used. This definition would demand a legal setting for evaluation. The choice of the legal evaluator is not easy. The present court system could serve this purpose. Our judicial system offers certain options for intervention which range from court-ordered observation of the family to termination of parental rights. However, with each step there must be time for mental health consultation and evaluation, taking into consideration the family's reaction to intervention. Some argue that our present system cannot handle emotional abuse and, instead, legal evaluation regarding intervention should be based on community standards. Perhaps community standards setting can be seen as more just, in that it would allow for cultural and social economic influences. A community-based committee to set standards would hopefully help to safeguard against the discriminatory judicial application of current child abuse laws. A third alternative is the introduction of a community-based committee into court procedure.

In an attempt to operationalize some of the current concerns at the mental health and legal levels, a model system for reporting , evaluation and intervention was presented by Lauer and Hall (Appendix II). The model shows that we are first and foremost concerned with providing services to the family at the mental health level. However, if the family refuses to cooperate at this level, a system of legal intervention must be invoked. This legal system hopefully serves to persuade the family to accept mental health treatment. The system allows for time to evaluate the treatment progress of the family and to assess any changes that may be occurring in the parent-child relationship. Through the system of legal intervention both the rights of the child and the parents are preserved. It is only as a final step, when all other forms of intervention fail, that severing of parental rights is considered.

RECOMMENDATIONS

Time constraints did not allow for a further discussion of the definition of emotional abuse, nor the process by which this definition would be implemented. However, through the presentation of current concerns and views of emotional abuse, a discussion of the issues that must be considered in attempting to define emotional abuse, and an examination of a two-level definition and service system for emotional abuse, recommendations for defining emotional abuse were generated. They are:

1. Emotional abuse and neglect must be defined by the mental health professional.
2. The definition of emotional abuse and neglect must be determined on two levels: clinical and legal.

3. The definition must take into consideration the service system in which it is used.
4. A new intake, investigation, and service procedure must be developed to handle emotional abuse cases differently than physical abuse and neglect cases.
5. The reporting of emotional abuse and neglect should not interfere with treatment families may be already receiving.
6. Reporting must not be discriminatory by race or social standing.
7. Institutional and societal abuses must be considered.
8. Federal funds should be made available for training and research into the impact of emotional abuse and neglect statutes.
9. NIMH and NCCAN should follow up on this work group by holding further meetings and by attempting to change federal standards.

The opinions expressed are those of the authors and do not necessarily reflect the official policy of the National Institute of Mental Health and the Department of Health, Education, and Welfare.

APPENDIX 1

Parental Behaviors Which Threaten Mental Injury to a Child

PARENT BEHAVIOR	CHILD BEHAVIOR	
ABUSIVE IF CONSISTENT GROSS FAILURES TO PROVIDE	TOO LITTLE	TOO MUCH
1. Love (empathy) (Praise, acceptance, self-worth)	1. Psycho-social dwarfism, poor self-esteem, self-destructive behavior, apathy, depression, withdrawn	Passive, sheltered, naive, "over self-esteem"
2. Stimulation (emotional/cognitive) (talking-feeling-touching)	2. Academic failure, pseudo-mental retardation, developmental delays, withdrawn	Hyperactivity, driven
3. Individuation	3. Symbiotic, stranger and separation anxiety	Pseudo-maturity
4. Stability/permanence/continuity of care	4. Lack of integrative ability, disorganization, lack of trust	Rigid-compulsive
5. Opportunities and rewards for learning and mastering	5. Feelings of inadequacy, passive-dependent, poor self-esteem	Pseudo-maturity, role reversal
6. Adequate standard of reality	6. Autistic, delusional, excessive fantasy, primary process, private (unshared) reality, paranoia	Lack of fantasy, play
7. Limits, (moral) guidance, consequences for behavior (socialization)	7. Tantrums, inpulsivity, testing behavior, defiance, antisocial behavior, conduct disorder	Fearful, hyperalert, passive, lack of creativity and exploration

8.	Control for/of aggression	8.	Impulsivity, inappropriate aggressive behavior, defiance, sadomasochistic behavior	Passive-aggressive, lack of awareness of anger in self/others
9.	Opportunity for extrafamilial experience	9.	Interpersonal difficulty (peer/adults), developmental lags, stranger anxiety	Lack of familial attachment, excessive peer dependence
10.	Appropriate (behavior) model	10.	Poor peer relations, role diffusion, (deviant behavior, depending on behavior modeled)	Stereotyping, rigidity, lack of creativity
11.	Gender (sexual) identity model	11.	Gender confusion, poor peer relations, poor self-esteem	Rigid, stereotyping
12.	(Sense of) (Provision of) security/safety	12.	Night terrors, anxiety, excessive fears	Oblivious to hazards and risks, naive

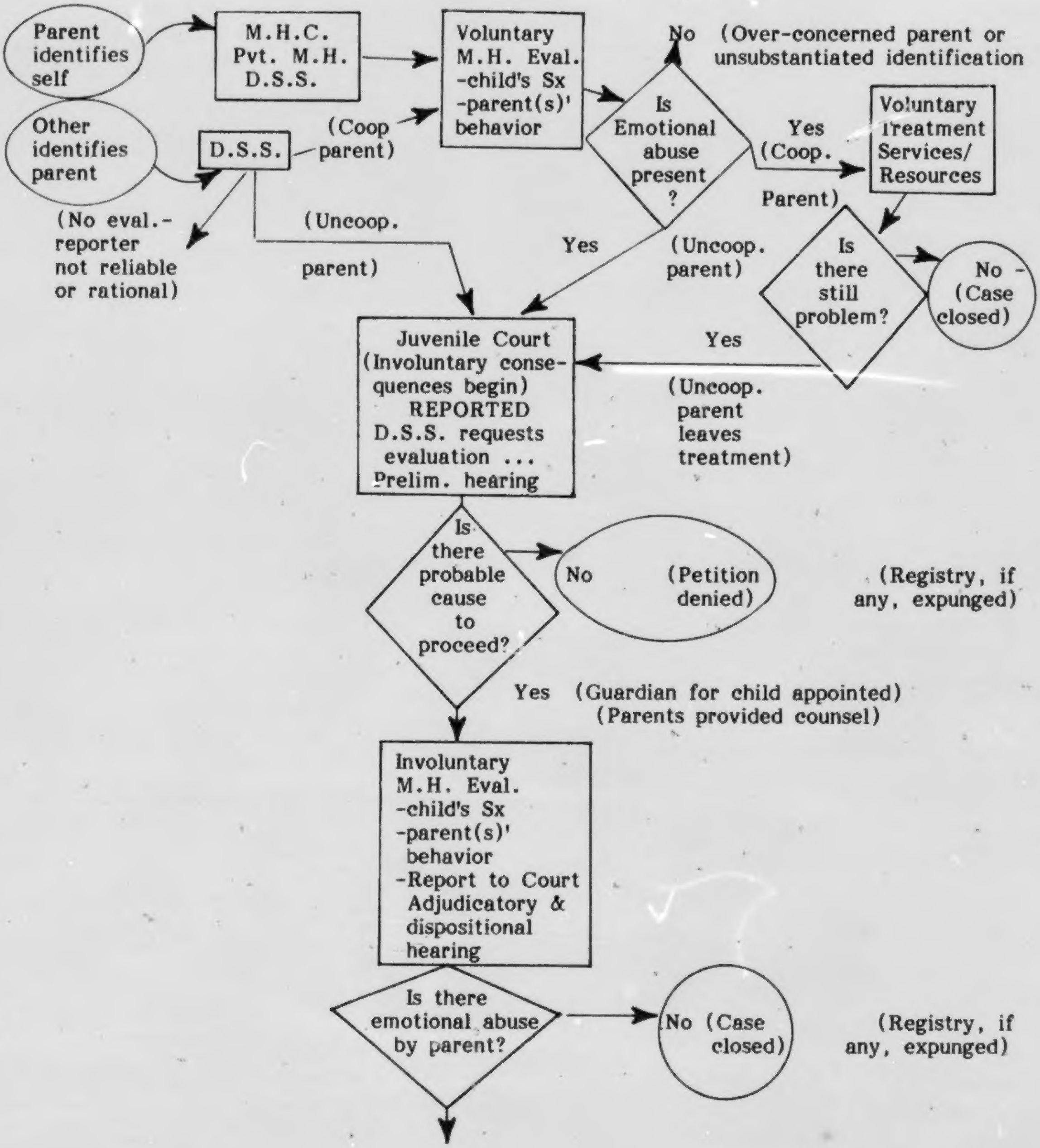
ABUSIVE IF PRESENT TO A SEVERE DEGREE

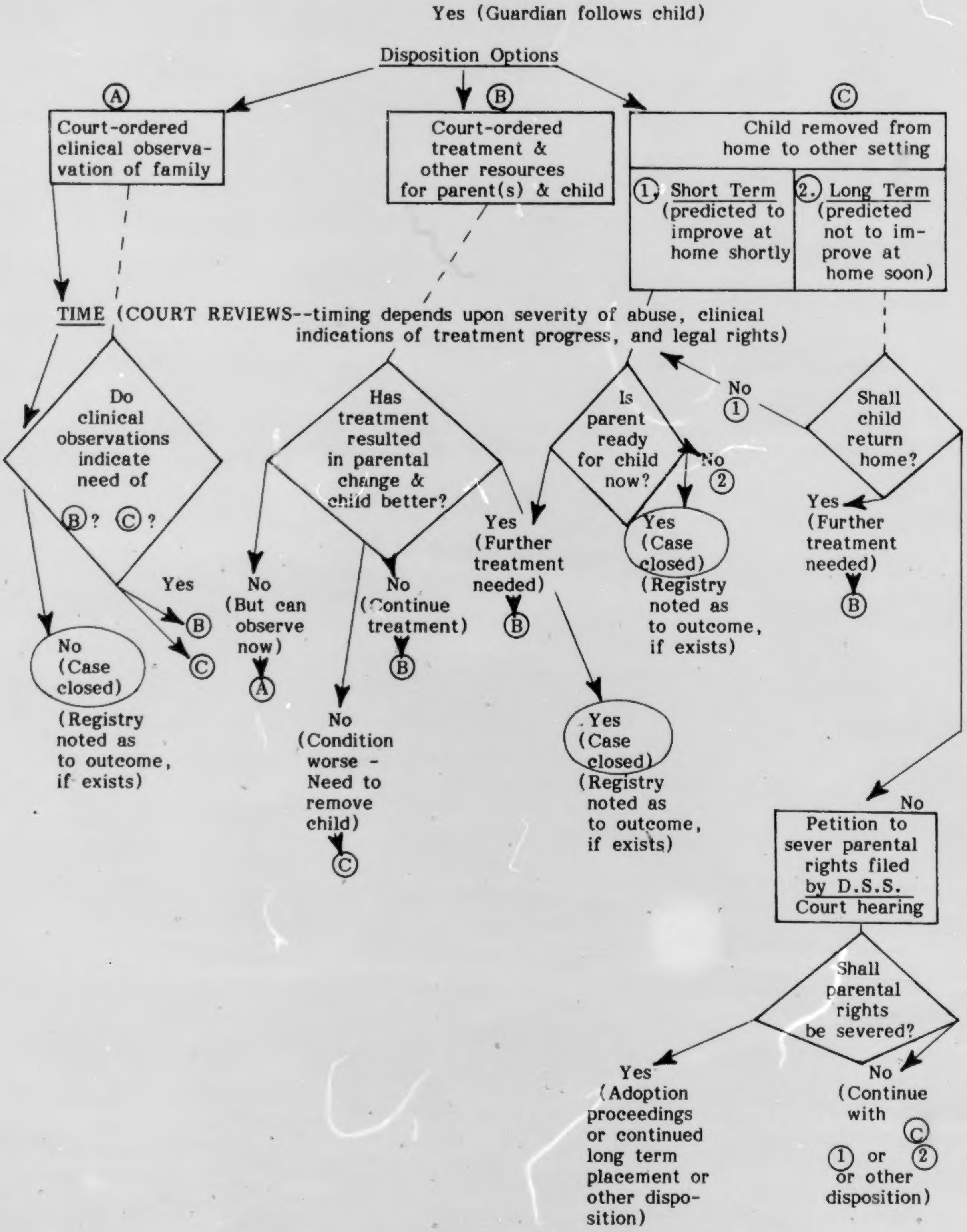
1.	Scape-goating, ridicule, denigration	1.		Poor self-esteem, depression
2.	Ambivalence	2.	Rigidity	Lack of purpose, determination, disorganization
3.	Inappropriate expectation for behavior/performance	3.	Poor self-esteem, passivity	Pseudomaturity
4.	Substance abuse	4.	(Depends on behavior while intoxicated)	
5.	Psychosis	5.	(Depends on behavior/type/frequency)	
6.	Threats to safety/health	6.		Night terrors, anxiety excessive fears
7.	Sexual abuse	7.		Fear, anxiety, withdrawn, pseudosexuality, hysterical personality
8.	Physical abuse	8.		Sadomasochistic behavior, low self-esteem, anxiety, passivity, anti-social behavior, self-destructive dangerous behavior
9.	Threatened withdrawal of love	9.		Anxiety, excessive fear, dependency

10. Shaming	10. "Lack" of superego, conscience	Excessive superego, self punitive
11. Exploitation	11. (Depends on behavior/frequency)	

APPENDIX 2

Example of a System/Law
Developed by Lauer and Hall


Parent identifies self
M.H.C.
Pvt. M.H.
D.S.S.
Voluntary M.H. Eval.
-child's Sx
-parent(s)' behavior
No (Over-concerned parent or unsubstantiated identification
Other identifies parent
D.S.S.
(Coop parent)
Is Emotional abuse present ?
Yes (Coop. Parent)
Voluntary Treatment Services/ Resources
(No eval.- reporter not reliable or rational)
(Uncoop. parent)
Yes
(Uncoop. parent)
Is there still problem?
No - (Case closed)
Juvenile Court (Involuntary consequences begin) REPORTED D.S.S. requests evaluation ... Prelim. hearing
Yes
(Uncoop. parent leaves treatment)
Is there probable cause to proceed?
No (Petition denied)
(Registry, if any, expunged)
Yes (Guardian for child appointed) (Parents provided counsel)
Involuntary M.H. Eval.
-child's Sx
-parent(s)' behavior
-Report to Court Adjudicatory & dispositional hearing
Is there emotional abuse by parent?
No (Case closed)
(Registry, if any, expunged)


Yes (Guardian follows child)
Disposition Options
Ⓐ
Court-ordered clinical observation of family
Ⓑ
Court-ordered treatment & other resources for parent(s) & child
Ⓒ
Child removed from home to other setting
① Short Term (predicted to improve at home shortly
② Long Term (predicted not to improve at home soon)
TIME (COURT REVIEWS--timing depends upon severity of abuse, clinical indications of treatment progress, and legal rights)
Do clinical observations indicate need of Ⓑ? Ⓒ?
Yes
Ⓑ
Ⓒ
No (Case closed)
(Registry noted as to outcome, if exists)
Has treatment resulted in parental change & child better?
No (But can observe now)
Ⓐ
No (Continue treatment)
Ⓑ
No (Condition worse - Need to remove child)
Ⓒ
Yes (Further treatment needed)
Ⓑ
Yes (Case closed)
(Registry noted as to outcome, if exists)
Is parent ready for child now?
No ②
Yes (Case closed)
(Registry noted as to outcome, if exists)
No ①
Shall child return home?
Yes (Further treatment needed)
Ⓑ
No
Petition to sever parental rights filed by D.S.S.
Court hearing
Shall parental rights be severed?
Yes (Adoption proceedings or continued long term placement or other disposition)
No (Continue with Ⓒ ① or ② or other disposition)

Emotional Neglect of Children

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Of all situations confronting those who work with children, perhaps the most difficult to deal with is emotional neglect. Physically abused children can be identified more easily because of the signs of physical trauma they often bear. With increasing visibility of children's problems over the past five to ten years, more adults are willing to report physical abuse to the authorities. Those who work in the child protective field know, however, that even reports of physical abuse frequently are difficult to substantiate. Often a neighbor may observe a physical assault on a child, but later investigation reveals no outward evidence such as bruises, broken bones, or lacerations, and in situations like these, child abuse often is not found.

The protective service worker investigating such a report, however, all too frequently finds severe family dysfunction, that parents and child are having family problems. These parents frequently feel inadequate, and may handle their child or children inappropriately in ways which are, if not actually harmful to the child psychologically, at least not conducive to the child's maximum psychological growth.

Even when abuse is substantiated and clearly evident, the child rarely suffers only physical abuse. What usually accompanies the parent's physical abuse are angry shouts such as: "You dumb idiot, you never learned not to spill the milk!"; "You never listen to me. I have to teach you how to listen!"; "You're thick headed. You're pig headed, just like your father!"; "Stop crying! Don't you know all the neighbors will hear you? Stop crying! If you don't stop crying this instant, I'll give you something to cry about!"; "I have never seen such a pig sty! I have told you 75 times to clean up your room! You never do what you're told! You are a lazy slob!"; and, "I have to spank you to teach you how to behave!" Endless examples can be added, and usually this emotional abuse is continuous. Sometimes it is more subtle. There may be no shouts or reprimands, but a withholding of emotional warmth, which also stultifies the child.

In hearing about abusive parental behavior, we learn that parents who physically abuse their children feel poorly about themselves, lack conviction of their own self worth, were treated in the same fashion when they were children, have poor impulse control, learned violent ways of expressing themselves, are easily enraged, and cope poorly with stress. Parents who emotionally abuse their children are basically the same kind of persons. They may have greater control over physical impulses or, for some reason, what they learned early in life was not a physical expression of violent feelings. Basically, the psychological pattern is, however, extraordinarily similar.

It is rare to find a physically abused child who also has not suffered severe emotional trauma or abuse. As with physical abuse, emotional abuse runs the gamut from children who suffer such severe emotional damage that they withdraw into schizophrenic isolation, to very mild forms of emotional disturbance which may never find their way to the nearest child guidance clinic or family counseling agency.

Since no one knows how prevalent emotional abuse is, one can ask if it is important enough to require action. In many communities the definition of child abuse covers the broad spectrum from emotional neglect to physical abuse, with emotional abuse almost as an afterthought, often under the umbrella concept of "child neglect." Most public welfare agencies investigate reports of physical abuse and neglect as well as emotional abuse, and generally the numbers seem to run 2-1 or more in favor of neglect. That is, for every case of physical abuse, two cases of neglect are reported. Also, many cases not substantiated as physical abuse are substantiated as neglect or emotional neglect. Public agencies, therefore, delegated with the responsibility to receive mandated reports, experience problems in identifying and legally substantiating emotional neglect, and then deciding what to do about it.

Since we know emotional and physical abuse are based upon an intergenerational cycle, where children, in a sense, catch this disease at their parents' knees, how then can we intervene? Additionally, that which is regarded as emotional and physical abuse is relative to the community. Within a state, that which is considered abuse may differ in rural and urban areas. As with physical abuse, emotional abuse respects no socioeconomic class.

I attended a recent workshop devoted to identifying emotional abuse of children in which workshop participants, almost all of whom were direct service providers, found great difficulty in distinguishing between emotional disturbance and emotional abuse. The emotionally abused child was not easily distinguishable from the emotionally disturbed one. Once a child is hurt, the parent becomes the key factor in deciding whether the situation is reportable; that is, when the emotional disturbance is pointed out to the parent, perhaps repeatedly, and the parent refuses to remedy it despite support, then he or she may be reported as being emotionally abusive. However, community psychiatric clinics, child guidance clinics, and family agency waiting rooms are filled with people who, sometimes in spite of themselves, raise their children as they themselves were raised, and now have emotionally disturbed children. These children have been subjected to emotional abuse, almost none of which was inflicted maliciously or deliberately by the parent or caretaker. Given these parent's own feelings of inadequacy from lack of adequate nurturing when young, coupled with the increasing stress of today's life, we have an increasingly severe situation regarding the child's mental health.

How then can we identify emotional disturbance? We must carefully assess the child's psychological, physical, and social development, the parent-child relationship, and how the family functions. It may be that protective services can only help in extreme cases.

Society today is reluctant to intervene with families which may use objectionable methods to raise children, and mild abuse often may occur due to this reluctance. Certainly, we cannot say, "We know better" to each family where we suspect mild dysfunction exists. A careful line of distinction must be drawn between a family which is moderately dysfunctional and one in which a child desperately needs help and protection of rights.

Although passionate feelings such as horror and rage are more likely evoked with physical rather than emotional abuse, parental outrage at being reported and "investigated" for emotional abuse are factors with which to contend. Parental hostility and resistance often make it impossible for them to accept any services offered. Lest you think emotional abuse of children is less damaging than physical abuse, and that society has no right to protect children from such nonphysical violent behavior, I refer you to research documenting the permanent, damaging effect of early parental emotional deprivation on human beings and other mammals.

Maternal deprivation means many things, and there may be some who say, "Why not talk about 'paternal' deprivation as well?" It is because for most mammals, the mother must care for the infant until it becomes somewhat self-sustaining. It is the mother who nurses, washes, and grooms the kittens until they can drink from a bowl or find their own mice. In any case, it certainly is true that human fathers can give the same kind of loving care to an infant, and certainly with regard to human children it is clear "parental" can be substituted for "maternal" deprivation. A father who provides the same loving, tender care to an infant would not eventually raise a damaged child just because he was not a "mother." The high suicide rate among adolescents and young adults is related directly to their earlier emotional deprivation, just as juvenile delinquency has a direct relationship to early childrearing practices. As with physical abuse, emotional deprivation has serious, life-threatening, long-range, and irreversible effects on the emerging person.

I want to cover briefly some ways we hurt children through a system designed ostensibly to help them. Two systems commonly used are the juvenile or family court, and foster care. These systems are related closely to problems of abuse and neglect since a child cannot be removed to a foster home without court approval. Although sometimes useful, foster care can be a source of additional and severe emotional abuse to a child. It is important, therefore, for the local department of social service and local courts to coordinate efforts, for judges to acquaint themselves with departmental procedures and views concerning the removal of a child from his home, and also for the court to devise methods to support the department in its efforts to maintain the family with needed, supportive, continuing services. It equally is important that social workers learn how to conduct themselves in court, what constitutes admissible evidence, and how to gather material and present it persuasively. Judges are, like all of us, victims of their culture. Sometimes a local department seeks court intervention in order to provide a period of watchful waiting with a family. Sometimes it wants the judge temporarily to remove a child, and yet hopes the child will be returned home if the family cooperates with the local department in resolving some of their problems and improving their functioning. You can view this as "constructive coercion." Sometimes the local department wants the court to uphold the decision to remove the child to foster care for an indeterminate time period, or requests the court to permanently remove a child from his home, to terminate parental rights, and to declare the child a ward of the state so that release for adoption can be effected.

Removing a child to a foster home can be a very traumatic, abusive experience for the child even if his or her own home was, by community standards, inadequate. It was the child's own home with parents the child loved, whether they were "good" or "bad," a home where the child understood some of what was expected, and had a rough idea of what would be likely to happen as a result of certain behavior. The meaning of the attachment between a child and his or her parents cannot be underestimated. When we break that attachment we risk serious psychological damage to the child.

Additionally, children have their own built-in time sense and perspective. Something which seems passing to us may seem lengthy to an infant. For a slightly older child (a toddler), a week seems more like a month. We must think in terms of the child's time frame. What we perceive as "short term foster care" (i.e., six months) for the child can be a significant part of his or her experience, where significant, new emotional ties are formed. If they must leave that care, they will again suffer deprivation from the loss of emotional ties they formed. A child under six years, in foster care six months, may have lived away from home for a significant proportion of his or her life. Upon returning home, he or she now has lived in three homes. That can be a very difficult experience, and the ability to form positive relationships with others, even if good to start with (which is unlikely), is now damaged.

Children are not adults, and we must remember their emotional capability differs greatly from adults. They cannot give rational form to or reach conclusions about their difficulties. They respond to threats to their emotional security with increased anxieties, or they distort their reality while pretending it is not true. How often do you hear a very small child on his or her way to some unpleasant experience reasuringly talk about how it is not really happening? Parents sometime share this inability to cope with stress by doing the same thing. Sometime parents "pretend that it is not so" to a child. Parents who feel anxious about their child having his tonsils taken out, for example, will say that they are going to visit "Aunt Martha." With both child and adult this sometimes is viewed as lying, and seen as a most undesirable characteristic. It is, however, a response to stress and an attempt to make an unmanageable situation more manageable. Lying, or other behavior, always serves a function, and to be helpful we must understand its function, rather than unthinkingly criticizing the particular symptom. The difficulty children experience in foster care emanates from their need for permanency and the damage they suffer as a result of broken emotional ties.

Taken from their own homes, children experience feelings of shame, guilt, and confusion, and tend to express this through defiance and anger. They become mistrustful. Most children, removed from their homes because of the danger there, think they are being punished. No matter how well prepared the child is for placement--and often a protective placement allows for little or no preparation--separation from parents is traumatic, and children will utilize, as do all of us, whatever defenses they have to shield them from this very painful experience.

In placing children, therefore, it is very important to allow them as free and full expression of feelings as possible. As adults, we often have difficulty seeing a child in pain and try, therefore, to convince the child and ourselves that it really is not happening. Children take their cues from adults, and quickly learn to suppress unacceptable feelings. These subsequently may be expressed in other forms, such as hostility, bed wetting, stealing, and other symptoms. Children, for whom society decides placement is needed, already are the victims of situations where they could not develop good coping mechanisms. Therefore, their ability to deal with the pain of placement is minimal.

The way most foster care homes are organized results in children being unable to develop healthy psychological traits. Most agencies make it clear to foster parents that having a foster child is only temporary. Sometimes foster parents must sign contracts in which it is clearly stated the child can be removed at any time, either by the agency or at the foster parents' request. Foster parents, therefore, go into this relationship knowing the tie eventually will be broken. Usually, a background of shared experiences with a child develops parental tolerance and devotion which helps parents and child weather rough spots during growing years. This is unavailable in foster family situations, therefore making it difficult for foster parents to invest themselves in a warm, giving relationship, especially during the initial, rough, testing period. The older the child, the less endearing he or she will seem to foster parents. The older child will have had more opportunity to develop undesirable characteristics as a result of living longer in a difficult, nonnurturing environment. Therefore, no matter how kind and generous foster parents are, there is something inherent in this situation which results in a very tenuous relationship. This relationship may barely meet the child's incredibly complex needs for permanency, consistency, and love. Also, if the biological parents visit the foster home, it becomes even more complicated for the child to relate and react to two sets of parents, and then feelings of loyalty and disloyalty are activated which sometimes paralyze the child's ability to function. Children's developmental needs can thus rarely be met adequately by foster care placement.

Special situations exist in which foster care obviously is the best answer, such as when a child's life is endangered either by physical or emotional abuse. However, in order to avoid further institutional abuse and neglect early and permanent planning should be completed, so that parent, foster parent, child, and worker can all know what lies ahead. Only in this way can chances for further emotional abuse be minimized. Foster care should only be a last resort. All efforts should be made to make the child's natural home more protective.

Considering all this, therefore, if a home can be made safe and if the parents can be helped in some way, it is preferable to leave the child at home with careful supervision and continual, supportive help. Economically and psychologically, it is less expensive to provide this service to a family, even over several years, than to provide foster care service. It also is cheaper to provide outpatient psychiatric care, which many of these children seem to need.

The second best alternative is short-term foster care with natural parents closely involved with the placement, and working hard to become more protective and nonabusive, followed by the child's return home with continual supervision and careful counseling. If a child must be removed permanently, the quicker he or she can be released for adoption and placed in an adoptive home, the better. However, this is not a reality for many cases. Many courts will not terminate parental rights quickly, even when the evidence proves this is in the child's best interest.

Many children are too old or too disturbed to be adoptable. However, if long-term foster care is necessary, the foster parents should know this and be committed to retain the child on a long-term basis or permanently, and encouraged to invest themselves in helping raise the child as their own. This obviously is not as good as a child's natural home, but at least everybody knows what to expect. Also, there is no expectation that the child will return home, thereby abruptly breaking another relationship in its formative stages, and so the foster parents can invest themselves in the relationship.

In working with emotionally abused children, one must never forget that parents, too, are vulnerable people and often need help. Supportive services necessary for physically abusive families are necessary also for emotionally abusive families. Upon hearing case presentations, consultants often realize families seem unskillful in parenting techniques, and sometimes the suggested remedy is to "teach" parents how to be more effective, using demonstrations, parent education courses, parent effectiveness training groups, and other instructional programs. All these programs can be useful for a certain group of persons. However, to parents who already feel inadequate and incapable of parenting, and who do such a poor job that their children are damaged, such attempts usually succeed only in convincing them of their inadequacy. When a parent cannot hold a crying child because of feelings of revulsion or helplessness, to tell him or her: "Oh, why don't you pick him up and cuddle him? Let me show you how," is to say subtly, "You are an inadequate and helpless parent, and do not know how to care for your child."

Selma Fraiberg of the University of Michigan has worked on an infant mental health study and demonstrated an effective technique of "reparenting parents" rather than teaching them how to be more effective parents. Reparenting is not teaching parents more parenting skills, it is empathizing with parents who cannot hold a crying child because they had no one give them attention when, as children, they cried. You talk with parents about their feelings of helplessness and rage when no one hears their cry, when no one responds to their pain. It is a careful, skillful way of helping parents. It can be more effective after a child has been emotionally abused to suggest, for example, a day care center for the child, not on the basis of being better for the child but because it gives the parent an opportunity to do something he or she likes and wants, which would gratify his or her needs.

People who have their needs gratified are better able to gratify another's needs. A person sometimes can be a better part-time parent when he/she is not constantly at the beck and call of a child with whom he/she feels inadequate. But to suggest day care placement for a child's own sake sometimes can turn off parents to the extent that they no longer want to listen. Suggesting that a homemaker help a parent cope with children is more effective if the homemaker is viewed as someone who will not simply shuffle off the kids to school each morning, but instead help the mother feel better about herself, and assist her.

Casework or psychotherapy will not be effective if the client is approached from the point of "teaching" him or her how to be better. Only if they are approached with skillful understanding, compassion, and a willingness to allow the parent to become dependent in order to relive some of his or her childhood deprivations can social workers or therapists successfully accomplish their goals. Social workers have long been taught they must not allow their clients to become dependent on them, that this will engender lifelong dependence and helplessness. Dependence and independence are relative, and people who are incapable of functioning independently did not become so because a professional "fostered" their dependence. The professional may need to use this dependence to help parents become independent, and this is not done by rejecting dependent needs, or by telling them their dependent needs and demands will not be tolerated. Allowing clients to test the professional's concern, and the worker's willingness to deal with parental dependence needs sometimes can help them improve better and faster. This is better than telling them, at the beginning, that dependence is something that will not be tolerated.

SUMMARY

Children who suffer emotional neglect or abuse are the hurt children of hurt parents. We must identify and help these children and their families whenever possible, because damage caused by emotional abuse is devastating and can affect the child permanently. The complex issues involved in defining emotional disturbance and emotional abuse may be resolved in terms of parental response to the identification of the problem: that is, emotional abuse occurs when a parent refuses to recognize or obtain help for a child's identified emotional disturbance. Family assistance should be planned carefully, and children should only be removed from their homes when life-threatening situations occur, since the removal may be more damaging than remaining in an unsuitable home. Homemakers, supportive casework services, referral for psychotherapy, day care, and special education programs may all be appropriate forms of intervention, and should be coordinated carefully.

Emotional maltreatment is perhaps one of the most difficult areas to define. Do we label this as some definable or indefinable harm to a child? Do we mean there exists some specific gap in the parent-child relationship or some defect or problem of the parent? Should this be a "reportable offense?" If it is, we need careful means of assessing individual situations and, even more, a way of "preventing" the crime and intervening in such a way that further "offenses" will not be committed. The range of parenting behaviors must be explored, and societal values clearly perceived in order that parents can be encouraged to raise children in accordance with these values.

Child Neglect

Neglect—Is It Neglected Too Often?

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This is the question with which we will deal: "Is neglect neglected too often?" This is similar to the man who was asked, "How is your wife?" and answered, "Compared with what?" The logical comparison for neglect is with "abuse," and the question can be reformulated, "Is neglect neglected too often as compared with abuse?"

As I see it, a review of the relevant material results in a resounding and unequivocal answer: yes, neglect is neglected far too often as compared with the attention and focus given to abuse.

State abuse and neglect reporting laws reflect this: for many years every state required the reporting of abuse. For a long time, however, many states did not require the reporting of neglect, and as of April, 1977, three states still do not require neglect to be reported.

The literature which reflects what is being studied, discussed, researched, and practiced overwhelmingly reflects this. A conscientious tally of publications over the last 10 years shows 19 books published on child abuse. By contrast, only three books were written on child neglect—and all by the same authors, Norman Polansky and his colleagues. This is roughly a 6:1 ratio in favor of child abuse.

Periodical literature is even more heavily weighed in favor of abuse as compared with indifference to neglect. The *Journal of Clinical Child Psychology,* for example, offered a special issue on child abuse (Spring, 1975) but not on neglect. In special issues of *Children Today* (May, June, 1975) devoted to child abuse and neglect, six of 10 articles exclusively focused on abuse. The other four are concerned primarily with abuse although they devote some consideration to neglect. As a consequence of the preponderant concern with abuse as compared with neglect, the Library of Congress has a special entry for abuse but not for neglect.

A review of the latest available Child Abuse and Neglect Research Projects and Publications (May, 1976) also shows an equally unbalanced listing of projects and publications concerned with abuse.

There is, in recapitulation, no index which one sensibly can employ to assess the time, energy, and resources devoted to abuse and neglect, and which does not confirm that abuse receives the overwhelming share of such time, energy, and resources.

The present conference program, once again, reaffirms the preponderant concern with abuse. Twenty-two different panels or workshops are concerned exclusively with abuse in one form or another. Only two workshops or panels are concerned exclusively with neglect—a 11:1 ratio in favor of abuse.

It might be argued that this unbalanced, lopsided state of affairs is justified—justified on the basis of the number of children affected by abuse as compared with neglect, and by the greater seriousness of the problem of abuse. However, the argument can be proven incorrect.

Every statistic we have available shows many more children are affected by neglect. Our most recent comprehensive national statistics are published by the National Clearinghouse on Child Abuse and Neglect which collates reporting statistics from each state. "Highlights of 1975 National Data," made available by the Clearinghouse in February, 1977, showed twice as many cases of neglect were reported as compared to abuse. The report says this 2:1 ratio in favor of neglect is biased to show a lower than true ratio because many states do not require neglect to be reported. It also shows that New York has a 5:1 ratio for neglect vs. abuse, and a 6:1 ratio in Michigan.

A 1976 report by the Standing Committee on Health, Welfare, and Social Affairs to the Canadian House of Commons shows a 7:1 ratio in favor of neglect.

It is difficult to demonstrate that neglect is a more serious problem than abuse considering the severity of harm inflicted. If one considers the number of fatalities as the most severe manifestation of harm, then an attempt can be made to demonstrate the severity of neglect. The National Clearinghouse Report published in October, 1976, shows that 631 children died in 1974 due to abuse; no comparable figures are given in the 1975 reports. By contrast, nobody has tallied the number of children who died due to lack of proper medical care, or who fell out of windows or down stairs, or ingested poisonous substances, or were hit by cars—all because parents neglected to take reasonable precaution and care.

In contrast with the 631 child abuse fatalities reported by the National Clearinghouse in 1974, one could list the unnecessary fatalities caused by community neglect of infant needs. Our national infant mortality rate is higher than many other countries, and varies from state to state within the United States. In 1975, a U.S. Public Health Service report, "Reducing Infant Mortality: Are We Doing Enough?" noted that, "If every state in the nation had achieved the infant mortality rate as reported by the best states in the period 1968-1970, 53,000 infant deaths in that two-year period could have been prevented." About 26,500 preventable deaths occurred each year, not because of deliberate abuse but by community neglect to provide mother and child with necessary nutritional and medical care; 26,500 neglect fatalities as compared to 631 abuse fatalities. If countered by the well-worn "tip of the iceberg" argument, the argument is applied equally to possible statistics on neglect. In both cases, this may be the tip of the iceberg. The neglect iceberg is likely to be, however, considerably larger than the abuse iceberg when both are uncovered fully.

If a greater number of children are affected more severely by neglect while more time, energy, and resources are devoted to abuse, this raises another question. Since we are concerned with the sociology of social problems, why, and at what point in time do some conditions achieve community concern?

Durkeim once said, "An action shocks the community conscience not because it is criminal but rather it is criminal because it shocks the community conscience." We do not reprove it because it is a crime, but it is a crime because we deplore it. The objective situation may not have changed, only our perception of it—the subjective condition—changed.

Anyone who worked in the ghetto areas in the 1930s knew that drug use, particularly of marijuana (then called reefers), was frequent. Anybody working in these areas in the late 1940s and early 1950s knows poverty was a problem. Both "drugs" and "poverty" were "discovered" by the general community in the 1960s and only then became "social problems."

The objective reality regarding child abuse did not change much before the discovery of the "battered child syndrome" in the early 1960s. Child abuse was "discovered" before the late 19th century, and a whole network of child protective agencies were concerned with this problem long before the "battered child syndrome" emerged. The Children's Division of the American Humane Society published pamphlet after pamphlet and books were written about child abuse, but nobody appeared to listen. No fewer children were battered in the 1930s-1950s than in the 1960s and 1970s. Why the recent surge of interest in abuse?

It seems many factors fortuitously converged to supplement and reinforce each other, and helped explain the emergence of child abuse as a social issue of importance in the late 1960s and 1970s. Some of these factors are:

1. While child abuse and neglect was previously the primary concern of social workers, child abuse was rediscovered by the medical profession in the "battered child syndrome." The problem of child abuse, separated from neglect, then received sponsorship of a much more prestigous and politically powerful profession. Child abuse has medical implications and components; to a far less degree, so does child neglect;
2. Child abuse is more dramatic, more easily identified, and more easily defined than child neglect. The justification for community intervention is easier to defend in the case of child abuse, and opposition to such intervention is less intense.
   We are both repelled and fascinated by violence. We oppose it yet the mass media believe it provides the most compellingly interesting news. As contrasted with neglect, abuse involves much greater public affect and reaction;
3. The "battered child syndrome" emerged about the same time the children's rights movement began growing in strength. Support for child abuse legislation and programs also increased since such activity is interrelated with the ideology of the children's rights movements;
4. Child abuse provides an issue about which the community feels it accomplishes something significant for children at low cost to the community budget. Accurate cost estimates involved are difficult to obtain. It is estimated, however, that all child abuse problems funded by federal money has involved the expenditure of about $20 million. A serious attack on child neglect, which frequently involves

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problems resulting from inadequate family income and resources would involve, in all likelihood, much higher public expenditures;

5. No vested interest group opposes child abuse legislation and activity. Nobody opposes taking action against child abuse.

   Emerging under the auspices of prestigous professional groups and being low cost, dramatic, and without vested interest group opposition, child abuse legislation has what can be described as an amazing atypical career. Within one 10-year period, legislation which had not previously existed in any state was adopted by all states—namely child abuse reporting laws. A federal child abuse prevention and treatment act also was passed.

   Contrast this with the bitterly fought campaign to get federal legislation against child labor—which adversely affected many more children than child abuse, or with the struggle to obtain passage of other socially progressive policy changes—mother's pensions, unemployment insurance, workman's compensation, or the current efforts to obtain passage of the Equal Rights Amendment. It is difficult to think of any social policy change which was adopted so widely so quickly as was child abuse legislation; and

6. There is an additional, more speculative, and more politically sensitive and converging consideration which must be noted. This is the need for the reorganized Children's Bureau to have a clearly acceptable and understandable function. The government was initially interested in child abuse through the activities of the old Children's Bureau, which sponsored a conference on the problem in 1962. When the Children's Bureau was reorganized in 1969 to become the Office of Child Development (OCD), most significant functions were reallocated to other units within the federal government. The newly established OCD needed a rationale for its existence, and child abuse became an issue which the office could develop. As a consequence of the need for and interest in a legitimate function and concern, the OCD, supported by appropriations from the Child Abuse Prevention and Treatment Act, sponsored much of the activity which gave visibility to the child abuse movement. The demonstration projects, research, training programs and materials, resource centers, and this conference are, to a considerable extent, offspring of the OCD. Support for these speculations can be found, for those interested, in the recent analysis of the history of the OCD in the Brookings Institution Report, *The Children's Cause* by Gilbert Steiner.

In recapitulation, it is true neglect is neglected when compared to abuse. This is true even though the relative number of children affected and the relative seriousness of the two forms of maltreatment do not justify such neglect. There are reasons which help explain the discrepancy between the high concern with abuse and lesser concern with neglect.

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Neglecting Neglect: The Dilemma of Labeling and Accountability

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Social welfare personnel long have been aware of the destructive consequences of negative labeling of people they attempt to serve (Cohen, 1966; Goffman, 1961). Being labeled a neglectful parent or a neglected child evokes a self-image that one is literally a bundle of odious and sinister qualities. Such demoralization may result in profound discouragement about attempting to perform necessary parental tasks.

Parents may react with embitterment about being regarded as neglectful. Their resentment may lead them to attack or defy those who have so labeled them by continuing or increasing the deviant child care about which the community complains. Prolonged protective services to neglected children may be necessary partly because of withdrawal by parents from their children as a consequence of their demoralization and embitterment about being labeled.

Children also may be demoralized by being regarded as neglected. Some refer to themselves as "welfare children", which means children who are abnormal and from whom the community can expect little that is desirable. For other youngsters, the label of neglect calls their attention to parental deficiencies, thereby stimulating them to attack the parent or the welfare worker. These expressions of child resentment further impair efforts of parents and practitioners to develop more adequate child caring.

Labeling also has negative consequences for social welfare professionals. The label of "neglectful" may block perception of the parent's assets, resources, and adequate child rearing practices which may be crucial in mobilizing the family to resolve its child care difficulties.

For these reasons, social service practitioners may prefer to provide services that protect children and increase parental skill without engaging in labeling activity, especially in a public degradation ceremony. Thus, services to families with problematic child care may be offered, if possible, on the basis of an informal agreement with the family, and in some instances without even certifying them as clients of the agency. Parents may be taken to court only as a last resort when they refuse to cooperate and child protection appears imperative. Only a fraction of all families against whom justifiable complaints have been made are ever taken to court (Kadushin, 1974). For example, a study in a small urban county of New York showed that only 20 percent of confirmed child neglect complaints were heard by a judge (Polansky et al, 1975).

Social workers also avoid negative labeling by providing protective services in contexts and for reasons that enjoy more socially positive value. For example, day-care, needed primarily to compensate for substandard parenting, is provided and justified in a context of enabling the parent to secure or maintain employment.

Practitioners, in doing diagnostic assessment, may focus upon the assets, resources, and skills of the parents concerned and attempt to encourage greater utilization of these rather than trying to correct their deficiencies. Professionals also may show more concern with identifying and encouraging constructive parenting skills, and in removing environmental and social obstacles that may prevent their practice.

Finally, some social service professionals attempt to "decertify" parents already labeled as neglectful, both to the client and to the complaining public. In doing so, treatment helps the parents to list their assets and accomplishments of which they are proud. The practitioner also advocates for the family concerned by encouraging others to recognize positive characteristics of the parents and socially desirable achievements of the children which can be ascribed to the parental rearing.

ACCOUNTABILITY

However, this treatment strategy presents difficulties with regard to professional, political, and financial accountability. Some might even say it is fatuous, hypercritical, or outright dishonest.

The nonclient constituency perhaps has the right to insist that social services be directed explicitly toward stated problems and objectives for which funds have been allocated and not toward other purposes, worthy though they may be. In fact, federal appropriations since 1970 increasingly have stipulated that population groups receiving funded services be publicly labeled according to specified criteria.

For example, use of AFDC funds to finance foster care requires children be adjudicated as neglected or abused. Thus, the welfare agency is faced with three options, none of which is desirable: the children and parents must undergo a negatively toned legal certification ceremony, thereby risking arousal of client embitterment and demoralization; the foster care plan must be discarded, although it is needed and has been agreed to by the family; or the foster care plan is financed entirely by state and local funds.

Another example includes a social work researcher who seeks a federal grant to study what intervention strategies and skills increase quality of child care by parents who are clients of a child welfare agency. The proposed research is judged by reviewers to be ethically and scientifically sound, and to be socially significant. However, the grant sought would be funded from allocations for child neglect and abuse research. Thus, the grant review committee insists, as a condition for receiving the grant, that the researcher study only those cases which courts or agency personnel have designated as manifesting child neglect or abuse. Hence, the researcher either must abandon the project, or engage in an activity that will direct the attention of the agency to negative characteristics or labels of their clientele.

Social service personnel experience an increasing burden of legal and professional accountability to clients and potential clients. Social welfare professionals often have been accused of straying into problems and population groups without a clear invitation to do so, and frequently without articulating their purposes and objectives (Polansky et al). Thus, there is some justification for both the client and nonclient public to expect those offering services to label potential recipients in ways that establish need for the service. This provides potential recipients opportunity to refuse the service as inapplicable to them, and to prevent unwarranted intrusions into their lives.

In summary, application of the neglect label, as a condition for providing protective services, may have such negative consequences for the families involved that it defeats objectives of these services. Yet employment of the neglect label is increasing in order to justify provision of needed protective services. Thus, requirements for financial and professional accountability run counter to practices known to facilitate improvements in the quality of parenting. There is no easy solution to this dilemma. The challenge is to find ways of achieving accountability without risking the negative consequences of labeling.

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Prevention

Perspectives on the Prevention of Child Abuse: Can It Be Done?

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Child abuse and neglect has emerged from its hidden "skeleton in the closet" status of past centuries. It is now recognized as a serious threat to the lives of today's children and tomorrow's adults. With the alarming rate at which reports of child abuse and neglect have increased, society can no longer afford to ignore these conditions. If effective methods of reducing and eliminating child abuse and neglect are not immediately found, society may well be contributing to its own demise. A high level of violent behavior in parents has the potential to increase its acceptability and serves as a model for children as they grow and develop. We should be concerned with children as both the victims of abuse now and as potential victimizers when they reach adulthood and parenthood.

Child abuse and neglect are not restricted to any particular socioeconomic class or racial group in America. While most of the reported cases are from low-income, nonwhite families, a significant number of cases from low, middle, and upper income white groups go unreported. The apparent differences between groups, in terms of the reported incidences of child abuse and neglect, have been attributed to: (1) discriminatory attitudes and practices of reporting sources; (2) higher incidence of social deprivation among certain ethnic/cultural and economic groups; and (3) ethnic group differences with respect to child rearing practices, values and attitudes. Usually, low-income ethnic minority group families are overrepresented as clients of agencies and institutions which report child abuse and neglect cases. Thus, they appear disproportionally in incidence data. The number of reported abuse and neglect cases involving nonminority and nonpoor families is an unknown quantity mainly because sufficient reported case data are unavailable.

The issue of who abuses and neglects children the most is not a basic point of this paper. Rather, the issue is whether or not effective methods can be developed, and strategies employed, which can help decrease child abuse and neglect in America. This question is a serious challenge to our society. Its resolution is the responsibility of all who have a concern for the well-being of children and parents. The results could have a significant effect on the quality and future of American society.

Child abuse and child neglect are of major concern today among those who work with children and their parents or caretakers. In this paper abuse and neglect are dealt with as one issue, although many experts in the field view them as two distinct and separate problems. However, many authorities express the viewpoint that if the causal factors which lead to physical child abuse can be effectively dealt with, the problems associated with neglect, malnutrition, sexual abuse, exploitation, and any other actions that hinder a child's normal mental and physical growth will be concurrently resolved.

DEFINING CHILD ABUSE AND NEGLECT

Agreement on a definition of child abuse and neglect has been difficult to achieve. Several factors seem to contribute to the inability of the authorities to arrive at one clear position. These include the following: (1) disagreement among writers in the field; (2) disagreement among agencies as to what should be reported as instances of child abuse and neglect; (3) disagreement as to whether or not to include physical, emotional, and sexual abuse in one definition; and (4) disagreement about associating abuse with neglect.

Some variations in the meaning of abuse and neglect can be observed through examining the following definitions:

(1) Walters (1975) Physical abuse of a child is action taken by a parent or adult caretaker that results in physical harm or injury to the child or failure to act on a child's behalf wherein death of the child will result from continued inaction or neglect. Neglect and abuse are not synonymous or interchangeable: neglect implies (a) failure to act, and, (b) inaction deemed harmful and deliberate. Sexual abuse is the utilization of the child for sexual gratification or an adult's permitting another to use the child in such a manner;

(2) Kempe and Helfer (1972) Nonaccidental physical injury (or injuries) as a result of acts (or omissions) on the part of his parents or guardians;

(3) Gil (1968) An occurrence in which a caretaker, usually an adult, injures a child, not by accident, but deliberately by (commission or omission);

(4) National Committee for Prevention of Child Abuse (1976) Nonaccidental physical injury, malnourishment, neglect, sexual abuse or exploitation of children; any other action that hinders the normal mental and physical growth and development of children;

(5) Gil (1970) The intentional, nonaccidental use of physical force or intentional, nonaccidental acts of omission on the part of a parent or other caretaker interacting with a child in his care, aimed at hurting, injuring, or destroying that child;

(6) Justice and Justice (1976) Any nonaccidental physical injury inflicted on a child by a parent or other caretaker deliberately or in anger. Child neglect is a separate problem: neglect is omission; abuse is commission;

(7) Polansky, Hally, and Polansky (1975) Child neglect is a condition in which a caretaker responsible for the child either deliberately or by extraordinary inattentiveness permits the child to experience unavoidable present suffering, and/or failure to provide one or more of the ingredients generally deemed essential for developing a person's physical, intellectual and emotional capacities; and

(8) Zalba (1966) Child abuse is when physical injury has been inflicted on a child by his or her parents or parent substitutes to the degree that life and/or health has been endangered.

It is quite evident that there is no one clear cut and satisfactory definition of child abuse and neglect. Due to this lack of clarity of definition, there have been problems with respect to developing and carrying out comprehensive identification, treatment, and programmatic efforts. It is generally felt that a clear definition of what is meant by child abuse and neglect is a necessary precondition to dealing effectively with the problem. Workers in the field also seem to think that it is preferable to deal with abuse and neglect as separate entities because they involve different things. In doing so, better programs can be conceptualized and implemented.

SOCIOCULTURAL BACKGROUND

Elements long ingrained in our society provide some insight into the genesis, continuance, and increase of child abuse and neglect. The following is a brief discussion of these elements:

(1) Religious Origins. There are those who attribute the acceptance of child abuse and neglect to passages in the Bible and teachings of Judeo-Christianity. Both the Bible and Christianity have long been considered as guideposts for the conduct of our lives on earth. Many people use these two elements as the foundation of their relationships to others, especially children. Walters (1975) cited portions of the Bible which condoned the murdering, sacrificing, cannibalizing, threatening, physical abusing, and sexual abusing of children. Thus, the Bible and related religious teachings appear to have helped establish many of the beliefs held today concerning chidren's status, their rearing, and in some instances, their behavior and sexual relationships.

Walters (1975) stated that the biblical passages which appear to condone such wrongs upon children are subject to differing interpretations. Many clerics offer biblical and other religious citations which admonish parents to care for and love their children. But it is the interpretation by lay persons that seems to be the problem. Regardless of how clerics and others convey their messages, there are portions of the Bible which establish the grounds for punishment and even abuse of children. Thus, some parents and other caretakers make their own interpretations of biblical passages and justify the punitive measures they use in dealing with their children. As a result, child abuse and neglect are legitimized, internalized, and put into action when deemed necessary by parents and other adults.

(2) Literary Origins. Walters (1975) states that fairy tales, nursery rhymes, folklore, fables, songs, stories, and other forms of literature are often used to help children grow, develop and prepare for life. Such literary works, while aiding in the development of roles and relationships among people, also contain sections which

express varying degrees of violence to be administered to children and adults for not abiding by the wishes of others.

Many of these literary works are an integral part of the enculturation process parents provide to their children. The pictorial aspects, verbal messages, and adult interpretation of stories, tales, etc. have been used by adults to frighten or threaten children into behaving in desirable ways. While such efforts may have served their purposes temporarily, the long-range effects may create deep-seated fears and apprehensions in children about themselves and others. For adults, the effect has been to create a false rationale for heaping abusive and neglectful acts on children.

(3) Legal Origins. Historically, laws have only minimally protected children from adult wrath and abuse. Torture, cruelty, exploitation, and even the killing of children were considered milder crimes than these same acts against adults. Even laws protecting animals from cruelty were enacted before those protecting children (Walters, 1975). Thus, the law has only recently begun to recognize the special nature of childhood and to see a child as a special kind of human being whose protection has to be expressly attended to.

Given the long history of child abuse and neglect which has not until lately been expressly prohibited by law, it cannot be presumed that almost two thousand years of legal oversight will be significantly reversed overnight. New laws are usually built upon laws of the past. That being the case, the enactment of new legislation to protect children will, for a few years, still take a back seat to the rights of parents and caretakers (Walters, 1975). Laws reflect the cultural history and heritage of society. The lack of legal protection and sanction has to some extent contributed to abuse in our society.

CAUSES OF CHILD ABUSE AND NEGLECT

Many ideas, beliefs, and theories have been postulated in an attempt to pinpoint the causes of child abuse and neglect. An examination of some of these positions is presented in the following paragraphs.

Kempe and Helfer (1972) stated that parents who abuse their children share a common pattern of parent-child relationships characterized by a high demand for children to gratify the parents, and by the use of severe physical punishment to ensure the child's proper behavior. The stage for abusive acts appeared to be set by: (1) high vulnerability to criticism; (2) disinterest and/or abandonment by spouse or other important person; (3) affronts to their already inadequate self-esteem; and, (4) the demanding, aggressive, and emotionally deprived nature of their own childhood experience and learning.

An assessment of four major categories could be made: (1) to determine whether or not the potential to abuse or neglect exists and (2) to provide insights into the causes of abuse or neglect (Kempe and Helfer, 1972). The four categories outline:

(1) How parents were reared themselves;
(2) How parents create and hide behind a wall of isolation which prevents them from seeking assistance;
(3) How husband and wife (and other children or adults) interrelate, especially with respect to mutual support or lack of it; and
(4) What parents envisioned and demanded as expectations for their children's behavior.

The Children's Division of the American Humane Association (1963) found that: (1) uncontrolled father outbursts; (2) deep-seated emotional problems of mothers; (3) a wide range of internal family problems; (4) emotional immaturity of parents; and (5) families with no father living at home accounted for most of the child abuse cases reported. Delsordo (1963) reported that five types of abuse could be identified from his studies and that each type implied a cause for parental abusive actions: (1) abuse because of acute mental illness; (2) abuse due to the overflow from parents' aimless way of life; (3) abuse following nonspecific disturbances in parents' physical, emotional, or social state; (4) abuse resulting from parental harshness in disciplining children; and (5) abuse caused by parents' misplaced conflicts. Zalba (1967) stated that major contributors to abuse and neglect of children were parents': (1) personality system

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(including psychotic, angry, abusive, depressive, passive-aggressive, or cold-compulsive-disciplinary parents); (2) family system (including impulsive but generally adequate parents with marital conflicts); and (3) person-environment or family-environment system (including parents with identity (role) crisis).

Kaufman (1959) states that: (1) uncontrolled aggressive and sexual behavior; (2) lack of relationship to the community; and (3) a psychotic core stemming from fear of annihilation leads to the externalizing of feelings through attacks on children. Kaufman postulated that many abusive parents are not continuously or overtly schizophrenic. Instead, many of them have episodic outbursts which include: (1) loss of self-control; (2) loss of reason; and (3) loss of judgment. It is during these outbursts that abuse and neglect of children are most prevalent, as parents seek to relieve these anxieties.

Gladstone (1966) found that seven factors collectively disposed parents to resort to the physical abuse of their children in order to spare themselves the conscious experience of their own intra-psychic distress: (1) reliance upon projection (of negative feelings) in defending against intra-psychic stress; (2) translating affect states into physical activity without intervention of conscious thought; (3) presence of intolerable self-hatred where child becomes scapegoat for parents' unconscious sense of guilt; (4) correspondence of children by sex, age, and position in the family to events in the parents' own life which occasioned great self-hatred; (5) relative lack of alternative modes of defense against conflict because of environmental factors (poverty, illness, domestic demands, social isolation, and housing problems); (6) compliance with the abusive act by marriage partner due to dependence and a reciprocal willingness to support projective defenses; and (7) relative absence of available authority figures (grandparents, religious or social authorities).

Milowe (1966) stated that children themselves may in certain cases be a contributing factor to their own abuse. Milowe thus concluded that a parent's childhood loads the gun; present life conflicts cause the parent to raise it; the child's specific needs help pull the trigger. Steele and Pollock (1968) reported that: (1) child rearing patterns; (2) intensity in the expression of these patterns; (3) lack of adherence to expected obedience and conforming behavior; (4) demand for high performance and parental need satisfaction; (5) breakdown in ability to "parent;" and (6) insensitivity to variation of children's needs were all provocateurs of the child abusing and neglecting actions of parents.

Makeover (1966) observed that conditions which cause physical abuse of children often differ in degree rather than in kind from those which result in neglect and deprivation. Physical abuse is usually precipitated by: (1) lack of impulse control; (2) mental illness (frequently in the form of chronic paranoid schizophrenia, psychopathic personality, severe passive-aggressive character disorder, agitated depression, unresolved postpartum depression); (3) alcoholism and narcotic addiction (these are usually precipitant actions due to parent inability to control and deal with impulses); (4) mental retardation; (5) social stress (poverty, overcrowding, etc.); (6) early marriage; (7) parental immaturity; (8) low educational level; (9) unemployment; and (10) provocative behavior of children themselves. Makeover points out that items six through ten may not be as much direct causes of child abuse and neglect as other items, but can contribute.

Merrill (1962) described four distinct clusters of personality characteristics which generated child abuse and neglect actions by parents. These clusters are: (1) hostility and aggressiveness--continually angry at someone or something; (2) rigidity, compulsiveness, lacking of warmth, reasonableness and pliability in parents' thinking and beliefs; (3) strong feelings of passivity and dependence--sad, moody and immature; and (4) physically disabled fathers who stayed at home while mothers worked and supported the family. A typology of abusing parents was developed by Morris (1965) which revealed personality traits which contribute to the abuse and neglect of children: (1) parents who experienced distress and guilty feelings about their relationship with and treatment of children; (2) undercontrolled and impulse-ridden parents who are angry about their relationship but blame the child for the trouble; (3) overcontrolled parents who feel correct in the parent/child relationship and plan the abusive actions; and (4) parents who respond to inner stimuli and events, rather than to the real world of the child.

Young (1964) proposed a theory of multiple causation, or a combination of factors that appeared to lead to causes of child abuse. Among them were: (1) the abuse that parents themselves suffered as children; (2) institutionalization; (3) "being different from other members of the family;" (4) an unpleasant childhood; (5) neglect; and (6) possible organic differences.

Walters (1975) states that the search for causes of abuse seemed endless, a position strongly reinforced by the above review. He presents three widely accepted explanations of the causes of child abuse. They are:

(1) Our entire heritage has led us to permit the abuse of children. It is our Judeo-Christian tradition coupled with our predilection for violence which makes abuse a natural, rather than unnatural, outcome;

(2) The cause of child abuse can be found in poverty conditions: lack of income, health care, and social services; run-down neighborhoods; and inadequate housing, education, cultural, and recreational facilities; all of which contribute to the development of deviant behavior, which results in child abuse; and

(3) The cause of child abuse is parental pathology, which assumes that parents or adult abusers are "sick" or have something psychologically "wrong." This opinion holds that, to greater or lesser degrees, the abusers of America are confused and employ abusive measures as a result of internal pathology.

Thus, some current thinking tends to view child abuse as a problem in itself, while others see it as a symptom of a deeper sickness or negative aspect of our society. At one time or another, poverty, alcohol, family stress, neglect, social class, individual pathology, and related "causes" all have been used to explain crime, mental illness, mental retardation, juvenile delinquency, and a host of other societal problems (Walters, 1975).

PREVENTION OF CHILD ABUSE AND NEGLECT: SOME PERSPECTIVES

Child abuse and neglect pose serious problems for the effective growth and development of children, as well as for the well-being of tomorrow's citizens. Unquestionably, an overwhelming need exists to address and resolve the problems which contribute to, and eventually cause, abusive and neglecting behavior. Many ideas, strategies, and programs have been proposed which attempt to deal with these problems. Again, there is a wide variety of opinions on how best to approach and bring under control the child abuse and neglect crisis in our society. Within this variety exists the potential to develop a comprehensive plan and program of action which could adequately serve the victims (children) and the perpetrators (parents, adults) of these two flagrant violations of human rights.

Unfortunately, the prevention of child abuse and neglect is not as easily accomplished, as many of the programs that have been developed seem to indicate. Some preventive efforts are at best cursory attempts to resolve the problem while others focus on specific aspects of the larger problem. Such programs are fragmented in their efforts and require revision and expansion if effective methods of coming to grips with the problem of child abuse and neglect are to be successful. A brief examination of some selected preventive measures is presented in this section.

Justice and Justice (1976) state that the optimal goal in child abuse is to prevent the abuse from happening—to prevent explosive elements in a potentially abusing family system or situation from ever coming together, so that the violence never occurs. This is called primary prevention. Once child abuse has occurred, the goal then becomes keeping it from recurring—to defuse the abusing situation so that the violent behavior is eliminated. This is called secondary prevention.

Secondary preventive approaches to solving child abuse and neglect problems have included the following: (1) group therapy; (2) lay therapy; (3) support services; (4) self-help groups; (5) casework counseling; and (6) psychotherapy.

The primary preventive approaches presented by these authors were as follows: (1) nonspecific strategies which involved intervention at all levels: host (parent), agent (child), environment, and vector (culture); (2) specific strategies which required identification of and intervention toward specific high risk groups or conditions; high-risk parents, children, environments, or a combination of all three; and (3) other strategies (intermediate intervention) such as in-service, pilot, pre-service programs, and public education and awareness programs.

Soman (1974) has proposed her own program of action to end the destruction of children by parents and adults. The elements of such a program include: (1) a National Children's Ombudsman Office; (2) mandatory high school counseling and parent education courses; (3) parent-child action movement on consumer products and national safety consciousness-raising sessions; (4) national health care and housing programs; (5) neighborhood community houses; (6) a decent income policy for all; (7) interagency knowledge pool; (8) on-the-job training for parenting; (9) central clearinghouse on child statistics; and (10) national 800 hotline number for troubled parents and children.

The National Committee for Prevention of Child Abuse (1976) has advocated a number of ways to prevent child abuse, all of which fall into two broad categories: (1) direct prevention and

(2) indirect prevention. NCPCA stated that direct prevention programs were designed specifically to control the problem of child abuse. Such programs could be aimed at either primary prevention: predicting and eliminating child abuse before it occurs, or at secondary prevention: preventing future abuse after a situation has once been identified. Indirect prevention programs focus on the factors that contribute to child abuse (e.g., housing, employment, child-care training, etc.).

NCPCA also emphasized that education must play an important role in efforts to decrease child abuse and neglect. The following means were proposed to accomplish this: (1) education for parenting through prenatal programs with parenting courses, group sessions, homemaking courses, and parental skills courses in high school; (2) education for coping to reduce the feeling of being unable to handle stress. This might be done through effective use of such parent support groups as Parents Anonymous, which often provides both crisis intervention assistance and support on an ongoing basis; and (3) education for self-worth to better understand oneself, and feel self-worth and acceptance. This would help parents to understand and interact better with children as well as adults, and aid in reducing the feelings of rejection experienced by many abusers.

Renvoize (1974) offered several suggestions for programs seeking to reduce child abuse and neglect: (1) cossetting and mother-centered gatherings could be of inestimable value to those who unexpectedly find themselves nervous and uncertain of their capability of rearing a tiny, frighteningly vulnerable infant; (2) a system of mothering aides; (3) night nurseries; and (4) involvement with Mothers Anonymous.

Renvoize concluded that alterations to child abuse codes were needed to help prevent child abuse and neglect. In addition, there has to be a change of attitude on the part of doctors, social service workers, the police, and every one of us. It is our job to learn how to pluck parents from the abuse and neglect ladder before they have progressed very far up the ladder. To do that we need knowledge, money to finance the acquisition of that knowledge, and endless compassion and understanding. Is that too much to ask of our society in order to preserve our most precious commodity—our children?

Walters (1975) proposed a set of short range, intermediate, and long range goals which must be undertaken to address the problem of child abuse and neglect. The basic goal would be to assist the "patient" (America) in recognizing the need for help, and to increase the valuation of children in American society and the observance of their rights.

A sample of Walters' goals are:

(1) Short-range goals
    a. A federal cabinet-level agency concerned with children and their rights;
    b. The abolition of institutionally prescribed abuse, especially where caretakers are responsible for children not their own; and
    c. Treatment of abuse by the mentally ill and victim-precipitated abuse;
(2) Intermediate goals
    a. Research conducted at the national level under auspices of the cabinet-level agency;
    b. Establishment of a National Parents' Institute under the cabinet-level agency and a State Parents' Institute in each of the fifty states; and,
    c. Establishment in each community of some central resource where anyone with family problems could go for help; and
(3) Long-range goals
    a. Implementation of a Children's Bill of Rights, constitutional guarantees, and increased rejection of violence as a means of resolving problems;
    b. Careful and systematic dissemination of rational information about violence, its origin, and its effect until the idea that violence is negative becomes ingrained in our national character; and
    c. Development of alternative roles for children, especially in education.

Walters concluded that addressing his set of goals would bring us full circle in our study of child abuse, starting and ending in the culture and society in which we live. Child abuse finds its roots in our heritage and is expressed through members of the society. When we change—and we will change for the better—the problem of child abuse will decline and then disappear.

Morris, Gould, and Matthews (1974) hold that constructive, preventive intervention is necessary in the cycle of violence, and punishment is necessary to prevent physical neglect and abuse of children. They proposed that the following set of criteria was a necessary part of an effective program to prevent child abuse and neglect: (1) existing community services that work in a coordinated manner; (2) clear lines of accountability and coordination among agencies involved; (3) assistance to parents during the first few months of their child's infancy to ensure nurturing parenthood; (4) creative new uses and combinations of existing services; and (5) collaborative programs under public health and public child welfare agencies.

Morris et al concluded that preventing neglect and battering depends, in the long run, on preventing transmission of the kind of social deprivation which takes children's lives, damages their physical health, and retards their minds, and which contributes, through those who survive, to a rising population of next generation parents who will not be able to nurture children.

Gil (1970) stated that measures aimed at the prevention or gradual reduction of specified social phenomena cannot be expected to achieve their purpose unless they are designed and executed so as to intervene on the causal level. Therefore, he recommended the following measures:

(1) Systematic educational efforts aimed at gradually changing the prevailing child-rearing philosophy and development of clear-cut cultural prohibitions and legal sanctions against the use of physical force as a means for rearing children could produce, over time, the greatest possible reduction of the incidence and prevalence of physical abuse of children;

(2) Poverty, as has been shown, appears to be related to the phenomenon of physical abuse of children among the socioeconomically deprived. The multiple links between poverty and physical abuse suggest that one important route toward reducing the incidence and prevalence of child abuse is the elimination of poverty from America's affluent society; and

(3) Deviance and pathology in areas of physical, social, intellectual, and emotional functioning of individuals and of family units have been found to be another set of forces that may contribute to physical abuse. The following measures, aimed at the prevention and amelioration of these conditions and at the strengthening of individual and family functioning, should be available in every community as components of a comprehensive program to prevent the occurence of physical abuse of children and also to help individuals and families once abuse has occurred: (a) comprehensive family-planning programs; (b) family-life education and counseling programs for adolescents and adults; (c) comprehensive, high quality, neighborhood-based, national health services; and (d) a range of high quality, neighborhood-based social, child welfare and child protective services.

The three sets of measures proposed were aimed at different causal aspects of physical abuse of children. The first set would attack the culturally determined core of the phenomenon; the second set would attack and eliminate a major condition to which child abuse is linked; the third set approaches the causes of child abuse indirectly. Gil concluded that it would be futile to argue the relative merits of each of these approaches. Instead, all three are important and should be utilized simultaneously.

PREVENTION: CAN IT BE DONE?

The information presented in the previous sections of this paper has delineated some of the root causes and proposed strategies for dealing with child abuse and neglect in our society. Gil contended that a key element in physical abuse of children in the United States was that the context of child-rearing does not exclude the use of physical force toward children by parents and others responsible for their socialization. Rather, American culture encourages in subtle, and at times not so subtle, ways the use of a "certain measure" of physical force in rearing children in order to modify their frequently nonsocial inclinations. This cultural tendency was found in child-rearing practices of almost every segment of American society. It was supported in various ways by communications disseminated by the press, radio, and television, and by popular and professional publications.

Gil researched the kinds of forces that singly, or in various combinations, result at certain times in culturally unacceptable "excessive" or "extreme" use of physical force by caretakers against children. Findings from the nationwide surveys tend to suggest the following forces: (1) environmental chance factors; (2) environmental stress factors; (3) deviance or pathology in areas of physical, social, intellectual, and emotional functioning on the part of caretakers and/or the abused children themselves; (4) disturbed intrafamily relationships involving conflicts between spouses and/or rejection of individual children; and (5) combinations of these sets of forces.

Judging from these elements, Gil concluded that the phenomenon of physical abuse of children needed to be seen as five-dimensional rather than uniform: (1) a culturally determined permissive attitude toward the use of physical force in caretaker-child interaction, and the related absence of clear-cut legal prohibitions and sanctions against this particular form of interpersonal violence; (2) specific child-rearing traditions and practices of different social classes and ethnic and nationality groups, and the different attitudes of these groups toward physical force as an acceptable means of achieving goals; (3) environmental chance circumstances, which may transform an otherwise acceptable disciplinary measure into an unacceptable outcome; (4) the broad range of environmental stress factors which may weaken a person's psychological mechanisms of self-control, and may thus contribute to the uninhibited discharge of aggressive and destructive impulses toward physically powerless children who are perceived to be causes of stress for real or imaginary reasons; and (5) the various forms of deviance in physical, social, intellectual, and emotional functioning of caretakers and/or children in their care, as well as of entire family units to which they belong.

Viewing the issue of child abuse and neglect across these dimensions indicates the need for a broad, comprehensive, well-defined program of activities to deal with these problems. Prevention requires the mustering of a cooperative effort from individuals, families, neighborhood communities, cities, states, regions, and the federal segment of our society. It means that parents and caretakers must work individually and collectively in the pursuit of ridding our society of a most damaging element--child abuse and neglect. Such an effort must at a minimum, include the following important elements in order to respond with a "yes" to the question of whether or not the prevention of child abuse and neglect can be accomplished:

(1) Short, intermediate, and long range intensive activities and efforts to make all citizens aware of the damaging effects, temporary and permanent, of child abuse and neglect;
(2) A mass infusion of children's worth and dignity, and their growth and developmental needs into the education and training experiences of all Americans at every level;
(3) A well-defined, closely-linked, cooperative program of prevention among all agencies which deal with people and their concerns and problems, to insure continuity in resolving issues affecting their clients;
(4) The enactment and implementation of legislation to protect the rights of children and provide the best possible situations for nurturing their developmental needs;
(5) The provision of the financial resources needed to alleviate all of the conditions which create the potential to abuse and neglect children;
(6) A redefinition and refocusing of the basic attitudes, values, and practices of members of our society in their intrapersonal and interpersonal activities; and
(7) Creation of new roles for children in our society so that they become truly prepared for future roles, with widened potential to develop into unique human beings instead of products from yesterday's assembly line.

What is proposed here is not new. Authors have at one point or another indicated all of these elements as necessary in the prevention of child abuse and neglect. The seven general preventive approaches presented here represent an attempt to synthesize the suggestions and recommendations discussed in this paper. Tomorrow, and maybe twenty years from now, these approaches should remain constant as bases for the prevention of child abuse and neglect. Newness must come in the form of our willingness to act with respect to these problems. It will be those new actions, new attitudes, and new directions concerning the young of our country that will be the measure of our success in dealing with abusive and neglectful acts toward children. As we move in those directions, the verbal yes will become a visual yes because we shall see the fruits of today's labors (preventive programs) in tomorrow's vineyards (future societies and generations).

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Recent Trends in Prevention of Child Abuse (Non-Accidental Injury)

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The future approach to the prevention of non-accidental injury (NAI) in children is stimulated by conferences such as this second national gathering of people from many disciplines and with varied interests. I would like to suggest some changes in emphasis and direction, will pose more questions than answers, but hopefully, the questions will be provocative and useful in considering future planning. Having been a chairman of the Committee on Accident Prevention, American Academy of Pediatrics, and presently involved in the field of child abuse, I am reminded of the similarities between the development of both programs insofar as prevention is concerned (Starbuck, 1958).

NATIONAL LEVEL INTEREST

P.L. 93-247, passed in 1974, provided money to develop programs in addition to those already supported by other government agencies. Consolidation of all these programs into a more cohesive one has not been accomplished. Four broad approaches in the attack on prevention of NAI/neglect by NCCAN have been education, research, prevention, and legislation, which is similar to those used in Accident Prevention. Professionals in the health, legal, education, law enforcement and social systems have been encouraged to increase their involvement in the field through additional training in all aspects of child NAI/neglect. Increased funds for research programs and large grants for demonstration programs to develop innovative ideas in prevention have been made available. Advice in changing state child abuse laws has been offered, model laws for termination of parental rights have been proposed, as well as changes in areas of legal importance: all in support of a second approach to legislating preventive measures.

EARLY IDENTIFICATION—RECOGNITION

The renewed drive to increase public and professional awareness could overexpose the population to the brutal aspects of the NAI and neglect problem. The low-key approach of sensitizing people to the need of early recognition by constantly being alert to possible NAI is essential; physicians especially should be more quizzical in their approach to the diagnosis and treatment of patients. It is the leading question in history taking that will often reveal a clue.

One impressive fact the study of NAI and neglect has highlighted is the erroneous inclusion in accident statistics of a large number of NAI and neglect cases. Accidents are still the greatest killer up to the age of 35 years. They are socially acceptable; NAI and neglect are not. This pollution has concerned workers in the field of accidental injury for a long time. Of the 2000 children under 15 years of age who die in house fires annually, about one-third are left unattended. Death from clothes being ignited by small children playing with matches is also due to lack of supervision (Wheatley, 1973). What about the child who wanders into the next yard, falls into a pool and drowns, or the child who wanders into the street and is hit by a car? What about death from ingestion of medication left within easy reach of a child, or of poisonous substances stored under the sink? What about injuries found in an emergency room? Kempe (1971) states that roughly 25 percent of all fractures in children under age three are inflicted. I am certain that many accidents, including deaths, are properly being classified as NAI and neglect cases, which removes them from accident statistics.

RESEARCH PROGRAMS

In the past few years, many studies have been initiated and articles written on every imaginable aspect of abuse and neglect. In reviewing Child Abuse and Neglect Research: Project and Publications, November 1976, I found 141 descriptions of ongoing projects and a list of 261 published documents. Of the numerous publications listed, only rarely did a study use controls or comparisons. To my mind, the omission of controls in research in this field is a major weakness and requires immediate correction. Should one criterion in this field be to mandate controls in research designs, especially those concerned with prevention?

The tendency to deny that findings in one area are peculiar to that locale is questionable, i.e., findings in Hawaii differ from those on the mainland due to location and population differences. There may be differences in geographical areas such as Boston or New York on the mainland. We must not lose sight of this when we design prevention programs or any other programs for that matter. In the future, the same research program should be repeated in different regions with definitions, hypotheses, methodology, controls, etc., being the same. A meaningful comparison would then be possible. Certain aspects may be similar, but others must be different. If a difference is demonstrated, other modalities of treatment may be indicated and program development must take this into account. Studies will take longer in some areas where the incidence of NAI and neglect is limited due to population size. However, important findings and better programs may come from these areas.

Klein (1971) points out that the low birth weight infant is high risk for the battered child syndrome. In 1975, while studying the low birth weight infant as a high risk for abuse and neglect, a cursory review of cases hospitalized at Kauikeolani Children's Hospital in Honolulu indicated little if any difference in the incidence of NAI and neglect of low birth weight neonates when compared to that expected in children of normal birth weight (Starbuck). The accepted incidence of NAI and neglect in children of normal birth weight has been about 8 percent. Of particular interest, a recent 1976 controlled study (Starbuck, 1976) of this cursory finding revealed that there appeared to be no significant difference in the distribution of the birth weights between the NAI children and the controls ($X^2 = 3.21100$; df = 4; P = 0.5232). The findings thus fail to show that NAI children begin as high risk neonates. Without controls, the incidence was also about the same for the neglect and NAI/neglect cases.

Controls	35	8.6 percent
NAI	42	7.1 percent
Neglect/NAI-Neglect	31	11.0 percent
KCH Hospital cases	108	

In Klein's study the cases defined as "battered child" included severe neglect while in the Hawaii study the cases were physical NAI but not neglected under four years of age, including "battered children." If the latter study contained a sufficient number of "battered child" cases, using Klein's definition, would his findings be confirmed? Of 525 confirmed cases of NAI and neglect in Hawaii during 1974, 167 were under three years of age and of these, the "battered" were very few. Should each geographical area use the same treatment and prevention measures relating to the NAI but "non-battered" child?

The term "battered-child," in the majority of people's thinking, includes all types of physical abuse, severe or mild. To some, "battered child" means only severely injured children under the age of four; to others, severely abused, usually under the age of three; to others, the seriously injured small child, inferring that they are under one year of age. Others yet include neglect in their definition. Should the definition be standardized? What is the incidence of low birth weight in unhospitalized NAI children?

We also need to study the high risk nonabused child. Initial interest in Accident Prevention was directed toward accidental poisoning, which caused less than 2 percent of all accidental deaths in children under age 14. In 1958, 60 percent of the American Academy of Pediatrics State Accident Prevention Committees were spending 100 percent of their time on poison control exclusively; consequently, study direction had to be changed. Aren't we spending too much of our time on the NAI child? What about the high risk family with numerous children? We say all these children are at risk, but are they abused? Do these children become abusers?

Are we correct in labeling children as "scapegoats?" Lauer's (1974) study does not support this theory. If the term "scapegoat" is to hold up, shouldn't we say that it is the only child being injured at the time? Skeletal surveys of other children in these families often turn up a surprising number of unrecognized bone injuries. Would they be the "scapegoat" at that time? Is it a shifting phenomena dependent upon who is getting the physical NAI? Is it possible for a child to escape neglect or verbal abuse in a multiple child family with these characteristics? There must be some degree of neglect with all these children.

What about the high risk parent who does not currently cause NAI? We can overidentify the high risk and direct our approaches to them. The high risk approach must be modified and studies of this group need to be undertaken.

Identical studies in different geographical locations need to be carried out. Identical services may not be required in every area.

What is the rate of reabuse in the nonseriously injured child, or the neglected child? Are the long term effects the same, better, or worse, than in the seriously injured or neglected child?

What do we do about the male abuser who seems to have different characteristics than the female abuser?

The recent article by Elmer (1977) with a controlled follow-up of traumatized children makes one reflect again on the numerous studies with conclusions not based on controls. While reading her article, one realizes the importance of controlled studies, and the need to sharpen our research by adding them. The findings of "no difference" in incidence of low birth weight children in a control group when compared with the abused group also supports this need. Comparison is impossible without them. However, in a controlled study by Green (1974) entitled "Psychological Sequelae of Child Abuse and Neglect," the impact of chronic physical abuse and neglect on the ego function and behavior of school-aged, inner city children revealed that both the abused and neglected groups were found to be considerably impaired relative to the normal controls along both dimensions. Elmer gives several possible explanations for her findings. Why the opposite findings in these two controlled studies? This is as confusing as the varied definition of the battered child, as well as the opposite finding of Starbuck and Klein regarding low birth weight being high risk for abuse and neglect.

Many accept NAI/neglect as a disease—a disease of society. The epidemiological approach to accident prevention as advocated by McFarland (1962) is echoed in a 1976 article by Justice, which recommends the epidemiological approach for the prevention of NAI and neglect. The first step in the treatment of any disease is prevention.

By definition, to prevent is to avoid NAI, but it is unrealistic to think all NAI will be stopped. What are the early indications that lead to NAI? The predictions we have are weak. Overidentification must be reduced. If 85 percent of all parents identified as high risk for NAI and neglect will never cause NAI (Light, 1973), it is improper to label them in this way.

Advances are being made through education, research, and legislation. Early and correct identification; better reporting; increased sensitization of the professional, nonprofessional and lay population; as well as training programs all result from our preventive assault on this problem. It seems to be inferred that getting the results of current prevention programs quickly will rapidly prevent NAI and neglect in an impressive way. I predict this will not take place, and that any new preventive approach will show its effects slowly and steadily, as did the preventive measures used in accident prevention. NAI prevention may come about sooner, because a lot of knowledge accumulated from accident prevention can be applied to the problem of NAI/neglect. In the early days of accident prevention, we spoke of changing motivations of the family in regard to accidental injury; we used anticipatory guidance; we tried to change child-rearing practices; we increased child guidance and intensified all efforts for better well-baby care. We were thwarted by the crisis-oriented attitudes of people, just as we are now in our efforts to prevent NAI/neglect. How can we get at this mass of people? It is no easier in NAI/neglect than it was in accident prevention.

We must learn more about the stresses associated with raising a child in poverty (Cupoli and Newberger, 1977). We need to spend more time during routine examinations counseling parents about problems and how to cope with them. We need to reach people who do not have private physicians or pediatricians or clinics, and who depend physically as well as mentally on crisis care rather than preventive care.

SECONDARY PREVENTION

In secondary prevention a wider use of the knowledge and skills of the disciplines involved in primary prevention is essential. Certainly, psychological and psychiatric diagnostic evaluations are more necessary. Collaborative team conferences take on increased importance in supporting the caseworker in her formulation of a treatment plan. All NAI/neglect cases do not need the collaborative team conference, but it should be a requirement for cases of repeated NAI. What measures prevent recidivism? A five-year review of cases seen at Children's Protective Services Center in Honolulu showed the rate of recidivism to be three times greater in cases not teamed (Starbuck, n.d.).

PREVENTION PROGRAMS

A number of different prevention programs are active in Hawaii. Some are complete; others are near completion. One 1974 study of relationship of low birth weight and NAI risk began modestly, but rapidly became overpowering. The intervention and observation of this study had three conditions. The experimental group (E) received the entire intervention and observation as designed. In a second group (C), the parents received contact for data gathering by the researchers, but no therapeutic intervention. The third group (C_2) received no therapeutic intervention and no contact. Some of our problems were:

1. Difficulty in obtaining physicians' reports
2. Difficulty in obtaining parental consent
3. Difficulty in obtaining parental compliance
4. Difficulty in avoiding dropouts
5. Mobility of patients
6. Distances
7. Lack of funds for sufficient manpower
8. Fear by physicians of infringement on their perrogatives
9. Lack of communication with patient (information was given to the primary physician and no response)
10. Informed consent
11. Quality of data
12. Missing data
13. Difficulty in locating controls
14. Contamination of data.

Benefits:

1. Education of delivery room, nursery, and floor nurses (re. claiming period)
2. Indication that low birth weight in neonates was not high risk for abuse
3. Confidence and cooperation of involved physicians spread to their peers and preventive services better accepted
4. Beneficial program to some physicians
5. Problem focused on when we have a right to enter anyone's life
6. Approaches must be entirely through comprehensive supplementary services and not a single reason such as NAI risk
7. Immunizations, nutrition, or life style
8. Importance of controls
9. Importance of evaluation
10. Importance of program design
11. Importance of training personnel
12. Avoid missing data; it is usually impossible to retrieve.

One of the demonstration programs funded by OCD is being carried out by the Hawaii Family Stress Center at the Kauikeolani Children's Hospital. An overview of this program follows:

OVERVIEW OF THE HAWAII FAMILY STRESS CENTER

The Hawaii Family Stress Center has been established under the auspices of Kauikeolani Children's Hospital. The overall goal of the Center is to develop effective, innovative approaches to prevention and treatment of child abuse/neglect, and to facilitate the development of a coordinated system of services in Hawaii. The Children's Protective Services Center, under the joint auspices of the Department of Social Service/Kauikeolani Children's Hospital, is the major affiliate agency with which the Center coordinates.

Core staff of the Family Stress Center include a Project Director, Program Coordinator, Paraprofessional Supervisor/Training Coordinator, Case-coordinator, a half-time Fiscal Officer and two secretaries. Several new services have been developed on a sub-contractual basis. Center staff also provide training in the dynamics of child abuse/neglect and technical assistance in program development. Major components of the system include:

LEGAL CONSULTANT SERVICES:	A lawyer experienced in child abuse/neglect serves as a consultant to the Center. His main function is to assist in obtaining court custody where specialized assistance is needed, in the role of guardian ad litum. The legal consultant has developed a training manual to assist social

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	workers in preparation for and taking cases to court. He is currently working with the court system to increase effectiveness of court procedures related to child abuse/neglect.
PROFESSIONAL POOL:	A group of paraprofessionals, including community outreach workers, logistic case aides, and homemakers has been established. These workers have been trained in dynamics of child abuse/neglect. They are being deployed to work with child abuse/neglect cases with professional case managers from several agencies, and hopefully will serve as a service integration mechanism through interagency use.
SHELTER CARE PROGRAM:	Kokua Kalihi Valley has established an emergency shelter for spouses and children who have been or are at risk of being abused. It is available for an average stay of six days when it is unsafe for a mother and child to remain at home. It serves approximately 200 families a year.
HALE LOKAHI:	Child and Family Service has established an integrated family service center in Waianae. This center coordinates the activities of services to families under severe stress and at high risk of child abuse. The key to the Center's effectiveness is a relaxed, non-threatening atmosphere.
EARLY IDENTIFICATION PROJECT:	Screening and interviewing procedures have been developed at Kapiolani Hospital Prenatal Clinic to identify highly stressed families who may be at risk of abusing their newborn infant. Families found to be at high risk are defined as in need of extra services and are referred for followup by the Home Visitor Program.
HANA LIKE HOME VISITOR PROGRAM:	Family Service Center has established a Home Visitor service. Paraprofessionals are trained in the dynamics of child abuse/neglect and parent-child interaction techniques. They make home visits to families identified by the Early I.D. project to work with parents in developing a positive relationship with their newborn. The program combines a lay therapy and parent-child interaction approach to prevent incidence of child abuse and neglect.
OTHER SUPPORT SERVICES:	Transportation, emergency financial assistance and babysitting are provided by the Center. The Center makes referrals for day care, medical care, employment assistance, family planning, and marital counseling.

A Sexual Abuse Diagnostic and Treatment Service initially funded by the Center has already become a state-financed program. $200,000 was approved for the Department of Health's budget in order to establish a statewide sexual abuse (including rape) program.

A manual on the dynamics of child abuse has been produced and can be purchased from Kauikeolani Children's Hospital in Honolulu.

A second program—Shelter Care—was obviously needed in the community and through the use of state funds, it can be an ongoing program. Ways to do this are being worked out.

RECOMMENDATIONS

1. Help vulnerable families without special regard to NAI
2. Make helpers (workers) more knowledgeable about the dynamics of abuse and neglect
3. Decrease over-identification
4. Standardize definitions. One makes his own definitions and then proceeds to develop his own program
5. Strenthen our predictors on indices of NAI
6. Conduct and compare identical controlled studies from different geographical areas
7. Increase knowledge of stress associated with child rearing
8. Education of public should keep pace with means to properly screen and handle all reports
9. We need to study:
    a. NAI children not hospitalized
    b. high risk children who have been been injured
    c. children in high risk families who have not been injured
    d. high risk nonabusive parents
    e. rate of repeated NAI in children not seriously injured
    f. female vs. male characteristics of NAI
    g. "scapegoating"
    h. incidence of low birth weight in NAI/neglect children not hospitalized
    i. long term effects of NAI/neglect on the nonserious cases
10. Integrate teaching of NAI/neglect as a routine into all child care education. It should not be treated as an isolated entity.
11. Support the PHN in early identification of families in need of "extra services"
12. Provide additional means for manpower and service to families needing "extra services."

This last recommendation was made at the hearings before the Select Subcommittee on Education of the Committee on Education and Labor, House of Representatives, Friday, October 5, 1973. I pleaded repeatedly, as did others, I am sure, for a substantial increase in the bill for service from the proposed 20 percent to as much as 40 percent or more. I felt that the agencies mandated to give protective services to these cases could not possibly do so without money. I also reported this to our congressman from Hawaii, stating there should be a smaller percentage of funds in the bill for research demonstrations. The appeal was not effective since there was still a 20 percent limit on the amount available for service when the bill was signed into law.

I reaffirm my recommendation as others are doing at this time; namely, that money for the mandated state agency must be increased now for necessary additional manpower and financial support for "extra services." This money must also be used for preventive services, of course. What good does it do if we find a family in need of "extra services" and have none available for them?

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The Future of Training/Education for the Prevention of Child Abuse and Neglect

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I want to focus upon two major areas pertaining to training/education for the prevention of child abuse and neglect.

One relates to strengthening the family as the major preventive strategy, and the other is the central role of the public schools as a vital institution in deterring child abuse and neglect.

I believe a strong, supportive family is the most powerful deterrent, and that other training/education approaches, while valuable, have less chance of meaningfully ameliorating the basic conditions which generate child abuse and neglect.

I contend that the single most effective training/education approach is to create greater public awareness of the profound changes which have occurred in the basic structure of the family which undergirds the development of all children. As a society, I do not believe that we have fully comprehended the significance of crucial trends regarding marriage and the basic organization of the family which currently profoundly influence the lives of millions of children. What are some of these significant changes which have so dramatically changed the definition of the American family? Without understanding these changes, and the powerful social and economic forces which influence parents and in turn their children, we cannot readily understand the underlying causes of child abuse and neglect. Cognizance of the frustrations and powerlessness of parents, in other words, is essential to understanding why child abuse and neglect is escalating. Primary prevention strategies logically must be predicated on understanding the causes of abusive behavior towards children. I argue that escalating child abuse will continue unabated until public policies more realistically begin to reflect basic changes in the way households or families are now formed.

Recently, the family has gained added recognition as perhaps the pivotal societal institution, and yet our citizens are aware of only the tip of the iceberg of profound and rapid change in the basic structure of the American household. These changes, of course, significantly influence the parent-child interaction system that is:

> critical in children's physical, social, emotional, and cognitive development. It is this system that affects parents' abilities to enjoy and guide their children in mutually satisfying ways. It is this system that is being identified as a critical factor in the childrearing process, with special implications for child abuse. Some children are difficult for some adults to "get along" with, some children and parents provoke each other, sometimes there is insufficient bonding and attachment; any or all of these conditions can cause the parent-child interaction system to go awry (Education Commission of the States, 1976, p. 3).

Only in very recent years, indeed months, has the public comprehended the changes in the larger social system which have so dramatically and rapidly altered family units. For example:

- Sixty percent of American families are metropolitan residents;
- Many families move frequently, both short and long distances;
- Families are having fewer children. The average household size in 1974 was 2.97 persons. In 1973 the live birth rate in the United States was the lowest in history;
- The number of single-parent families is increasing, both because of divorce and because the parents never married;
- Over 50 percent of all women are in the labor force; over 30 percent of all women with children under six work out of the home;
- Stable, multi-age communities and the extended family have been replaced by communities linked by interests, age, and income level; and
- Child bearing among adolescents seems to be increasing. In our society these young people have had little or no exposure to young children and even less to how to rear children (Education Commission of the States, p. 4).

Such significant social changes obviously influence and change childrearing patterns in very significant ways.

Many children are cared for out of the home for part of the day. Some are simply left alone. The babysitter and day care center are as much a part of many American families as grandmother and aunt used to be;

Childrearing help and support from a supportive spouse or other family member are not available to many parents. Isolation and frustration may result, with no one to take over and to provide some relief;

Because divorce is usually a transition period between marriages, many children relate to two or more sets of parents, sometimes in quite informal arrangements;

Cultural and religious constraints on behavior, many of which affect child rearing, are looser--for example, what one eats and the manner in which family meals are provided. Physical punishment and control of children is generally sanctioned in our society. The constraints that keep this violent tendency within the bounds of physical safety seem to be less rigid, perhaps reflecting the increase in violence in our total society;

Technological devices for which no norms have been developed have been incorporated into childrearing and family patterns in sometimes deleterious ways. Television is probably the most obvious example of this; and

Men have gradually been excluded from the childrearing process. There is little or no research related to the role of the male in childrearing, yet there is a high involvement rate in child abuse for fathers and stepfathers (Education Commission of the States, p. 5).

An understanding of these social changes is basic to the rationale for and content of any program whose objective is the prevention of child abuse and neglect. The literature on child development compellingly confirms the pervasive influence of the family or home background as a critical variable in determining the educational achievement of young children. Thus, knowledge of changes in family or household formation patterns becomes a *sine qua non* of effective child abuse and neglect prevention efforts.

I want to identify briefly some of the major trends and changes regarding the family which so significantly affect childrearing patterns. At the outset, it may be useful to emphasize that although family formation continues unabated, the structure of the family is changing and becoming more diversified. Indeed, the nuclear family, the traditional cornerstone of our social system, is now in the minority, with less than 40 percent of the nation's households having the typical pattern of father, mother, and children living under one roof. Almost one-third of households now consist of a husband and wife living in a household without children. This demonstrates that attitudes towards having children have changed significantly in recent years, with fertility rates declining among women of all age groups. Current household formation patterns also reflect the increasing tendency for women to postpone marriage, with more highly educated women staying single longer and opting for careers. One-third of today's households are headed by single adults, with dramatic increases in female-headed households as divorce rates escalate and decisions to stay single become more common.

The American family, in fact, is being redefined dramatically, and parents are being influenced and their children affected by social and economic forces over which they have little or no control. These changes have affected not only the poor but increasing numbers of middle-class citizens as inflation, for example, requires double incomes with working mothers helping to maintain standards of living.

If one accepts the family as the key institution in a child's socialization, it is not surprising that children are affected negatively by such rapid change. Many are familiar with the frightening data which indicate, for example: that the rate of infanticide rose more than 50 percent between 1957-70; that parent-perpetrated child abuse is soaring; that the rate of suicides among children aged 10-14 has doubled in two decades; and, that the rate of armed robbery, rape, and murder by juveniles has doubled in the past ten years.

These developments, as well as increases in school drop outs, drug, and alcohol offenses, assaults on teachers, and illegitimate births among teenage mothers have been discussed widely in recent years. The major issue we must address is what we, as a society, do about the problems of raising children in a world in which families undergo such stress and change, and are influenced so significantly by social forces such as technology, the mass media, and economic and racial discrimination, over which they have little control.

It seems essential that our educational institutions take a greater leadership role in projecting to the public at all age levels the profound social changes which change our lives. Indeed, the general public remains remarkably and dangerously unaware of the impact upon our social structure of forces such as urbanization, the erosion of the extended family, and the influence of television. Too many people still regard the women's movement or ideology as an aberration and not a profoundly pervasive social, economic, and political force which will permanently influence our society in very significant ways. Too few of our citizens, for example, fully comprehend how the dramatic decreases in the number of stable two-parent families undercut the support base for millions of youngsters. Too many of our citizens still regard these problems as being limited only to the poor, and do not realize fully that family disorganization and disintegration affects all communities.

Thus, I argue that the first element of successful child abuse and neglect prevention programs should be massive public information campaigns which will project to a still uncomprehending general citizenry the profound social changes which impact upon families and which unleash the pathologies and frustrations which result in mistreatment of children. The myth that the nuclear family is still the norm must be shattered, and citizens, as well as government policy, must become more attuned to reality. Child abuse and neglect programs must be predicated upon knowledge of these new social realities and appropriate support systems built in terms of these realities.

If greater understanding of the significance and extent of current social change is an essential element of child abuse and prevention programs, how can such understanding be conveyed most effectively? It is here that public schools can become a uniquely effective mechanism for disseminating the new social realities of our time. No other institution has the social penetration and potential grass roots outreach of public education. As adult and continuing education programs grow, the public schools, which now have empty classroom space, are natural vehicles for parent education and related programs in neighborhoods throughout the country. In other words, the public schools are the logical instrument for a dramatic expansion of adult education programs, and these programs should have heavy parenting components. The schools, needless to say, must also provide as a basic element of their regular programs for young people, much more realistic and meaningful offerings in areas such as child development and family life. In fact, schools could become the essential neighborhood or community cornerstone of new family supports and institutions.

It will not be enough, however, to educate parents on nutrition, consumerism, childrearing, and so forth. We must build more comprehensive support systems for families and children. Support systems in all areas, for example: economic, to provide some form of guaranteed income; medical, to provide preventive services such as universal immunization programs; child care, to make available a wide range of day care and home care services for children; and categorical services, to provide assistance to children with special physical and emotional needs.

Indeed, we may have to invent new institutions to accommodate the far-reaching alterations in family life which develop. We need creative thinking and flexibility as men and women cope with a host of new problems concerning child care in our society. For example, the women's movement has precipitated growing concern about the status of women. Can women have status in their jobs and concurrently sustain nuclear families? Schizophrenia can result from this dilemma, and difficult decisions frequently must be made which profoundly affect the lives of the men, women and children involved in such situations where family and work priorities must be sorted out.

Within the immediate future, public policy must reflect more accurately the social realities which we have discussed. The family, traditionally and understandably, has been off limits to outside interference in our society. For the most part the family has remained "private," and many, with ample justification, are apprehensive about the potential intrusiveness of government programs. Indeed, many would subscribe to a policy of guaranteed incomes in which families would be given resources to make their own decisions. In any event, many issues will be decided on political and economic bases, and it behooves researchers and practitioners in the child development and family life fields to build closer ties to policymakers at every governmental level.

If we are to build the supports for families necessary to curb child abuse and neglect, we must influence the creation of enlightened governmental policies. This requires the "children's lobby" to become far more knowledgeable in policy processes if we are to implement programs that will, for example, redistribute tax revenue, support mothers who opt to stay home with children, provide a range of subsidized services for child care in parental absence, and promote flexible work schedules for men and women.

Many parents need help. They are overwhelmed by a welter of complex social, economic, and political changes and circumstances. If child abuse and neglect is to be prevented, help must be provided to these beleaguered parents. Information about child growth and development must be provided, and better understanding of the dynamics of child-parent relationships inculcated. More intensive efforts must be made to end the social isolation of parents, particularly those with very young children, and parents must share their concerns more openly and frequently with other parents. The social penetration and outreach of the public schools must be capitalized upon more meaningfully as a community base for developing new and more responsive support systems for more diverse family structures.

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Prediction and Prevention of Child Abuse and Neglect

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INTRODUCTION

Child abuse is a major problem affecting many thousands of children from all social strata. Increasing knowledge of the general factors that operate in causing child abuse has resulted in earlier and more accurate diagnosis. Effective therapy is now being instituted at the first indication of injuries in an attempt to break the cycle of parent-induced child abuse and neglect. Although the overall dynamics operating to produce child abuse and neglect are becoming better understood, the specific factors that allow us to predict abnormal childrearing patterns in certain families have not been generally established. The ability to make accurate predictions of abnormal parenting practices will greatly facilitate the initiation of effective intervention before significant damage has been allowed to occur.

This study examines the feasibility of predicting the potential for some abnormal childrearing practices, of which child abuse and neglect is one extreme example. It concentrates on the perinatal and early neonatal periods, since these offer an excellent opportunity to make assessments of a newborn infant's behavior: to observe the mother's and father's responses to their child, and also provide easy accessibility to individuals as they become a family; permit observations of the mother and child during a critically sensitive time (Klaus, 1972); and allow pediatric intervention to begin early whenever there is indication that potentially harmful childrearing patterns may occur. Intervention at this time can be aimed at increasing strengths within the family so that the child may have the opportunity to reach his physical, emotional, and intellectual potential.

METHODS

From November 1971 to March 1973, a population sample was drawn from 350 mothers who were having either their first or second child at Colorado General Hospital. Infants with neonatal conditions severe enough to require transfer to the neonatal intensive care unit were excluded from the study.

Some or all of the following screening procedures were carried out to determine which parents were most likely to be predictive of "abnormal parenting practices."

1. Collection of prenatal information: Data were gathered regarding the parents' upbringing, feelings about this pregnancy, expectations for the unborn child, attitudes towards discipline, availability of support systems, and the present living situations. (Appendix 1, a).
2. Administration of a questionnaire: (Schneider et al, 1972) A 74-item questionnaire was administered to the mother during the prenatal or early postnatal period. The questions covered information similar to that obtained in the prenatal interview.
3. Assessment of labor and delivery room information: These data were collected by one or more of the following methods:
    a. Mother-infant interaction forms were completed by the labor and delivery room nurses. The nurses recorded the parents' verbal and nonverbal interactions with their child during their first encounter with him/her (Appendix 1, b). The nurse also added any additional pertinent observations about the parents' behavior.
    b. In a number of instances, with the parents' permission, videotapes were made of mother-infant interaction so as to be able to carry out a more thorough assessment of the quality of this interaction and to check the accuracy of observations made by labor and delivery room nurses and physicians.

c. The delivery room staff was encouraged to provide anecdotal information regarding their observations of the parents and children. This information was also utilized to assess parenting potential (Appendix 1, b).

4. Observations and/or interview during the postpartum period: During the postpartum period, the parents were again interviewed to obtain data or expand upon information gained during the prenatal interview (Appendix 1, c). Information obtained from direct observation of the mother-infant interaction during the postpartum stay in the hospital was also recorded.

From the data gathered in two or more of these areas, parenting potential was assessed. One hundred mothers identified as having psychological, interactional, and life-style dynamics (Steele and Pollock, 1968; Riser, 1974) which might result in "abnormal parenting practices" were randomly assigned to a "High-Risk Intervene" group (N=50) or a "High-Risk Nonintervene" group (N=50). Fifty mothers who also delivered their first or second child at the hospital in the same time period and who were assessed as low-risk in terms of abnormal parenting potential were selected as controls.

"Intervention" in this study meant the provision of pediatric care by one pediatrician at the Medical Center where the child was born. This pediatrician examined the infant during his stay in the newborn nursery, talked with the parents on the postpartum ward, and scheduled the first pediatric clinic visit to take place before the infant was two weeks old. Thereafter, the pediatrician saw the child at scheduled bimonthly visits. Additional pediatric visits took place whenever the doctor or the mother felt that the child should be seen. In addition to seeing the child during visits to the clinic, the pediatrician also contacted the family by telephone two or three days after discharge from the hospital, as well as during the subsequent weeks when a clinic visit was not scheduled. Additional telephone calls were initiated by the pediatrician to ascertain the status of any problems that might have become apparent in previous clinic visits and/or telephone conversations. The physician also contacted the family to provide support to them whenever a medical or other crisis was known to be present. It was not pointed out to the study families that this service was exceptional; it was simply provided as part of the child's well-baby care.

In addition to the contact between the pediatrician and the family, "intervention" also included weekly home visits by public health nurses. The public health nurses had been notified of the pertinent findings obtained in the interview, assessment of the delivery room interaction, and the questionnaires. Whenever necessary, referrals were made to other medical facilities or mental health clinics. Lay health visitors (Kempe, 1976), who visited in the homes to assess the entire family and to provide liaison with the professional health system, were utilized whenever indicated.

"Nonintervention" meant that the investigators did nothing directly for the family after discharge. However, all of the available information was routinely shared with attending hospital staff, community agencies such as visiting nurse service, and the family physician or clinic.

When their child was between the ages of 17 and 35 months (mean age 26.8 months) a home visit was made to 25 randomly-selected families in each of the three categories: "High-Risk Intervene" (HRI), "High-Risk Nonintervene" (HRN), and "Low-Risk (LR). During this home visit, the mother was interviewed and medical and social information involving the entire family was collected. Also, observations of mother-child interaction were made and the Denver Developmental Screening Test (DDST) (Frankenburg, 1970) was administered to the child.

The incidence of various findings was determined for each child during the first 17 months of life (at the time of detailed evaluation, the youngest child was 17 months old). In order to determine whether the measures used had validly predicted a group at risk for deficient parenting, children were assessed for the presence of incidents of "abnormal parenting practices," which included all verified reports of abuse and neglect to the Central Child Abuse Registry, injury secondary to lack of adequate care and supervision, injuries suspicious for inflicted trauma, failure to thrive which was seemingly secondary to deprivation (Schmitt & Kempe, 1975), relinquishments, foster care placements, and parental kidnappings. Children were also assessed as to the number of incidents of trauma thought to be true accidents, reasons why children were no longer in their biologic homes, their immunization status, and their performance on the Denver Developmental Screening Test.

Central Child Abuse Registry reports and indications of "abnormal parenting practices" involving medical concern were categorized for all three study groups as a comparison of the effect of intervention. Data were also compiled to help indicate which of the four screening procedures (prenatal interview, questionnaires, labor and delivery room observations, or postpartum interviews and observations) resulted in the greatest percentage of correct predictions of "parenting potential".

The three groups were compared by ordinary chi square tests appropriate for 3 by 2 contingency tables. These "total" chi squares were partitioned into single degrees of freedom chi squares appropriate for comparing the two high-risk groups with the low-risk group (HR vs. LR) and the "High-Risk Intervene" group with the "High-Risk Nonintervene" group (HRI vs. HRN), as discussed by Kastenbaum (1960) (See Table 4.).

RESULTS

1. The Ability To Predict

a. Indications of abnormal parenting: By the time of detailed evaluation there were 22 indications of "abnormal parenting practices" in the high-risk groups (25 HRI and 25 HRN) and 2 indications in the control group of 25. The high-risk groups differed significantly from the low-risk group ($p<.01$). In the total population sample (150 children), eight high-risk children and no low-risk children were reported to the Central Child Abuse Registry ($p<.04$).

There were 3 cases of failure to thrive (weight below the third percentile, height and head circumference above the third percentile) thought to be secondary to deprivation in the HRI group. Although children in HRN group were not followed as closely, information was obtained by chart review and contact with the child's physician that two of these children exhibited failure to thrive thought to be secondary to deprivation. There were no such cases in the low-risk group.

b. Accidents: There were 31 children in the high-risk groups and 11 children in the low-risk group who had sustained at least one accident which required medical attention during the time period of the study. During the first 17 months of life, 22 children in the high-risk groups and 4 children in the low-risk group had at least one accident requiring medical attention ($p<.02$).

c. Immunization status: At one year of age, 47 out of the 50 high-risk children (25 HRI and 22 HRN) were up to date with their immunizations. In the low-risk group, 24 of 25 had similar immunization status. The difference is not statistically significant.

d. Denver Developmental Screening Test: DDST assessment of high-risk children revealed that there were 3 whose results were recorded as questionable, 3 children who were untestable, and 44 who were normal. In the low-risk group, all 25 were normal. There is no statistically significant difference between these groups. If the results of the DDST are examined by counting the number of clear failures (test items to the left of the child's chronological age), 10 high-risk children versus no low-risk children had clear failures ($p<.02$).

e. Reasons for no evaluation: There was a significantly increased incidence ($p<.04$) of infants assessed as being at risk for "abnormal parenting practices" not being in their biologic home at the time of the follow-up evaluation. All low-risk children were in their biologic home; but 8 high-risk children were either in foster care, permanently living with relatives, or had been legally relinquished.

Table 1:

Summary of Statistical Analysis

Item	HRI	HRN	LR	Partitioned X^2 results		
				HR-LR	HRI-HRN	Total
Total study population (150): Central Registry reports	6	2	0	p<.04	p<.08	p<.03
Detailed evaluation of population (25 in each category)						
Central Registry reports						
at time of home evaluation (mean 26.8 months)	2	1	0	p<.22	p<.48	p<.36
by 17 months of age	1	1	0	p<.60	p<.99	p<.30
Indications of abnormal parenting practices						
by time of home evaluation	11	11	2	p<.01	p<.99	p<.01
by 17 months of age	10	10	0	p<.01	p<.99	p<.01
Failure to thrive	3	2	0	p<.20	p<.60	p<.30
DDST not normal						
by test manual (see Frankenburg, 1970)	3	3	0	p<.08	p<.99	p<.20
by failed items	7	3	0	p<.02	p<.10	p<.02
Accidents						
by time of home evaluation	16	15	11	p<.14	p<.78	p<.33
by 17 months of age	12	10	4	p<.02	p<.56	p<.05
Not in biologic home	5	3	0	p<.04	p<.36	p<.07
Appropriate immunization status at one year	25	22	24	p<.72	p<.16	p<.16
Inpatient treatment for injury	0	5	0	p<.11	p<.01	p<.01

2. Results of Intervention on the Incidence and Outcome of Abnormal Parenting Practices
   a. Incidence: Between the HRI group and the HRN group there were no significant statistical differences on the basis of Central Child Abuse Registry reports, indications of "abnormal parenting practices," accidents, immunizations, or Denver Developmental Screening Test scores.

b. Outcome: Another way to measure the effect of intervention within the high-risk groups is to describe the quality of differences in the types of "abnormal parenting practices" that occurred. No child in the low-risk group or the HRI group suffered an injury thought to be secondary to "abnormal parenting practices" that was serious enough to require hospitalization for treatment. However, five children in the HRN group required inpatient treatment for serious injuries ($p<.01$). These injuries included a fractured femur, a fractured skull, barbiturate ingestion, a subdural hematoma, and third-degree burns. Although these five injuries were treated in local hospitals, only two of them had been reported to the Central Abuse Registry.

3. Screening Procedures

Information from observations of labor and delivery room interactions was analyzed individually and resulted in 76.5% correct predictions of parenting potential. The questionnaire alone resulted in 57.5% correct predictions and the postpartum interview/observations resulted in 54% correct predictions. If all four parameters are used together, they resulted in 79% correct predictions.

During the initial interviews and observations, four factors were considered as possible indicators of high risk: the mother's race, the family's socioeconomic status (as determined by the hospital's financial ratings), the mother's marital status, and the mother's age. In the study population, the mother's race did not prove to be a significant variable. There was a trend toward "financial difficulty" in mothers in the high-risk groups. The mother's marital status and age differed significantly between the high-risk groups and the low-risk group; single and young mothers were considered to be at higher risk for abnormal parenting practices.

DISCUSSION

Child abuse is now being reported approximately 300,000 times each year in our country. The figure rises to 1 million if neglect is included. About 60,000 children have significant injuries; about 2,000 die and 6,000 have permanent brain damage (Kempe, 1976). Multidisciplinary research (social, pediatric, nursing, psychiatric, and legal) has made possible earlier diagnosis and more successful treatment programs. However, as in many other aspects of medicine, prevention is the ultimate goal.

Medical and nursing staff who work in the prenatal and labor and delivery areas and the neonatal nursery are ideally situated to make sensitive observations of a family's interactional behavior. The assessment of attitudes and feelings has been a part of pediatrics for many years. It is now time to formally utilize these assessments in the implementation of supportive intervention for families in need. Systematic use of a prenatal interview, questionnaire, labor and delivery observations, and postpartum interviews/observations can identify a population at risk for "abnormal parenting practices". These data show that accurate prediction of families in need of extra services is possible, as evidenced by the statistical differences between the high-risk groups and the low-risk group in the areas of "abnormal parenting practices", Central Child Abuse Registry reports, the number of accidents (by 17 months of age), children no longer in their biologic homes, and children exhibiting clear failures on the DDST.

Recently there has been an increased awareness of the abnormal behavior characteristics and the developmental lags seen in abused children (Martin, 1975, 1976). This has been observed in the children after documentation of abuse, but with the assumption that the children have been living in an "abusive environment" prior to the physical abuse. In this study, 20% of children thought prospectively to be at risk for abnormal parenting had at least one clear failure on the DDST. These are children thought to be living in an environment deficient in parenting.

It is a belabored point that battering parents tend to lack motivation toward initiating helping services. However, when the health care providers (pediatricians, public health nurses, and lay health visitors) initiate an outreach approach with high-risk families, a comprehensive medical program can be successful.

Now that it is largely possible to identify a population at risk for "abnormal parenting practices," the next step is to determine the success and practicality of initiating early intervention with these families. Although there was no statistically significant difference in the incidence of "abnormal parenting practices" between the HRI and the HRN groups, there was a qualitative difference in the injuries in the study groups. In the HRI and the low-risk groups, no child required hospitalization for treatment of a serious injury thought to be secondary to "abnormal parenting practices". However, in the HRN group five children required treatment for trauma or poisoning. One of the five serious injuries (the burns) was preceded by relatively minor inflicted trauma, including cigarette burns, scratch marks and strap marks. These all received medical attention but were never reported, nor was an attempt made to involve other helping agencies in an effort to prevent further injuries. There is a possibility that the third-degree burns and the resulting contractures could have been prevented if intervention had been initiated promptly. In another case, a subdural hematoma and its resulting intellectual deficit and neurologic handicap might have been prevented if intervention had been instituted during a "social admission" to a hospital just prior to the injury. If appropriate interventions to alleviate social pressure had been undertaken at that point, there is a possibility that the injury would not have occurred. In the low-risk group, injuries (a minor burn and a metacarpal fracture) thought to have occurred because of negligence both involved children over two years of age. These children were well into the accident-prone toddler years, whereas injuries in the high-risk groups occurred at younger ages.

There was also an increased incidence of failure to thrive in the high-risk groups. Early identification and effective intervention in one case of failure to thrive in the HRI group was therapeutic for that child. This baby was promptly hospitalized at five weeks of age when failure to thrive was discovered. The weight gain was re-established in the hospital and failure to thrive completely resolved by four months of age. On the two-year follow-up, the child had normal growth parameters.

Therefore, in the HRI group, it appears that modest intervention prevented any injuries severe enough to require hospitalization for treatment and any injury that resulted in prolonged disability. The less serious injuries and the failure-to-thrive baby in the HRI group were promptly reported and effective community intervention established, which may have prevented subsequent, more serious, problems.

The concept of early preventive pediatric and community intervention will, it is hoped, lead to progress in prevention of the harmful effects of child abuse and neglect. Families identified as being in need of extra services must have access to intensive, continuous intervention which is both positive and supportive. It makes little sense to provide excellent prenatal, obstetrical, and neonatal pediatric care in our hospitals, only to abandon the most needy young families at the hospital door and leave to chance, or to parent motivation, the needed access to helping professionals.

SUMMARY

In this study, information gained from observers in the delivery room was most accurate in predicting potential for abnormal parenting practices. The questionnaire did not add significantly to the accuracy of prediction. If delivery room observation is not feasible and only one opportunity for evaluation exists, the early postpartum period affords the best opportunity for collection and analysis of prenatal, labor and delivery, and postpartum observations. Such observations are non-invasive and should be part of obstetrical and postpartum routine.

Immediate, effective intervention by physicians, public health nurses, and/or lay health visitors can significantly decrease many "abnormal parenting practices." In this study, such intervention prevented serious injury in a high-risk population.

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Appendix 1: Warning Signs

These are indications of possible problems. A high-risk situation is created by varying combinations of these signs, the family's degree of emphasis upon them, and the family's willingness to change. The interviewer must take into consideration the mother's age, culture, and education, as well as observations of her affect and the significance of her feelings. Many of these signs can be observed throughout the perinatal period; they are listed in this order because they are found most commonly at these times.

1a - Observations during the prenatal period

The mother seems overly concerned with the baby's sex or performance.

The mother exhibits denial of the pregnancy (not willing to gain weight, no plans for the baby, refusal to talk about the situation).
This child could be "one too many."
The mother is extremely depressed over the pregnancy.
The mother is very frightened and alone, especially in anticipation of delivery. Careful explanations do not seem to dissipate the fears.
There is lack of support from husband and/or family.
The mother and/or father formerly wanted an abortion or seriously considered relinquishment and have changed their minds.
The parents come from an abusive/neglectful background.
The parents' living situation is overcrowded, isolated, unstable, or is intolerable to them.
They do not have a telephone.
There are no supportive relatives and/or friends.

1b - Observations during delivery
Written form with baby's chart of parent's reaction at birth.
How does the mother LOOK?
What does the mother SAY?
What does the mother DO?
When the father attends delivery, record his reactions as well.
Passive reaction, either verbal or non-verbal: mother doesn't touch, hold, or examine baby, nor talk in affectionate terms or tones about the baby.
Hostile reaction, either verbal or non-verbal: mother makes inappropriate verbalizations, glances, or disparaging remarks about the physical characteristics of the child.
Disappointment over sex of the baby.
No eye-contact.
Non-supportive interaction between the parents.
If interaction seems dubious, talk to the nurse and doctor involved with delivery for further information.

1c - Observations during the postpartum period
The mother doesn't have fun with the baby.
The mother avoids eye contact with the baby and avoids the direct en face position.
The verbalizations to the infant are negative, demanding, harsh, etc.
Most of the mother's verbalizations to others about the child are negative.
The parents remain disappointed over the sex of the child.
Negative identification of the child: significance of name, who he/she looks like and/or acts like.
The parents have expectations developmentally far beyond the child's capabilities.
The mother is very bothered by crying; it makes her feel hopeless, helpless, or like crying herself.
Feedings: the mother sees the baby as too demanding; she is repulsed by his messiness, or ignores his demands.
Changing diapers is seen as a very negative, repulsive task.
The mother does not comfort the baby when he cries.
The husband's and/or family's reactions to the baby have been negative or non-supportive.
The mother is receiving little or no meaningful support from anyone.
There are sibling rivalry problems or a complete lack of understanding of this possibility.
The husband is very jealous of the baby's drain on mother's time, energy and affection.
The mother lacks control over the situation. She is not involved, nor does she respond to the baby's needs, but relinquishes control to the doctors or nurses.
When attention is focused on the child in her presence, the mother does not see this as something positive for herself.
The mother makes complaints about the baby that cannot be verified.

Appendix 2: Positive Family Circumstances

1. Parents see likable attributes in baby, see baby as separate individual.
2. Baby is healthy and not too disruptive to parents' lifestyle.

3. Either parent can rescue the child or relieve the other in a crisis.
4. Marriage is stable.
5. Parents have a good friend or relative to turn to, a sound "need-meeting" system.
6. Parents exhibit coping abilities; i.e., capacity to plan and understand need for adjustments because of new baby.
7. Mother's intelligence and health are good.
8. Parents had helpful role models when growing up.
9. Parents can have fun together and enjoy personal interests or hobbies.
10. This baby was planned or wanted.
11. Future birth control is planned.
12. Father has stable job.
13. Parents have their own home and stable living conditions.
14. Father is supportive to mother and involved in care of baby.

Appendix 3: Special Well-Child Care For High-Risk Families

1. Promote maternal attachment to the newborn.
2. Contact the mother by telephone on the second day after discharge.
3. Provide more frequent office visits.
4. Give more attention to the mother.
5. Emphasize nutrition.
6. Counsel discipline only around accident prevention.
7. Emphasize accident prevention.
8. Use compliments rather than criticism.
9. Accept phone calls at home.
10. Provide regular home visits by Public Health Nurse or Lay Health Visitor.

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Prevention of Child Abuse and Neglect: Thoughts on a Family Systems Approach

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Currently, the two major models of primary prevention focus on (1) individuals who have a high probability of abuse due to personal characteristics and (2) societal and environmental factors which influence the occurrence of abuse. The first model, which is favored by Kempe and Helfer (1972) as well as others, utilizes questionnaires, hospital observation, etc., and attempts to predict the likelihood of child abuse from criteria largely based on individual characteristics. Health personnel follow and involve themselves with individuals who "score" at risk.

This approach originates from a personality or psychopathological model of child abuse. The most important ingredient in this model is parental character deficiencies and early experiences, which may cause or predispose the parent to abuse his/her child. While many proponents of this model acknowledge that a child (seen as different) plus a form of crisis are requisite before abuse can occur, the child's difference is usually explained as a projection or unrealistic expectation, and the crisis as a precipitator, not a cause, of abuse. Research on the relationship of personality characteristics to actual abuse has frequently been inconsistent and filled with problems; e.g., low agreement of authors, lack of control groups, anecdotal and ex post facto design (Gelles, 1973).

The sociological-environmental model favored by Gil (1970, 1975) and Gelles (1973) states that external environmental stress, cultural values and norms, and societal attitudes are the major determinants of child abuse. Political decisions, such as redistribution of resources, changes of national attitudes toward children, eliminating poverty and unemployment, etc., focus on institutions as well as families. Widespread programs in childrearing are seen as the most important and meaningful measures for prevention of child abuse and neglect.

While there is much merit in both intervening with individuals likely to abuse their children, and dealing with the ills of society as they relate to children and families, there are also enormous logistical and political problems in these approaches. Serious doubt exists that questionnaires (or personality characteristics in general) can predict accurately instances of child abuse. Child abusers vary greatly; many people with "child abuse characteristics" never abuse their children. Labeling of families, whether publicly or not, may cause more harm than good. On the other hand, poverty appears to be a stable element in our society. Likewise, broad changes in national attitudes toward children and violence seem unlikely to occur.

Some of the other problems with these approaches are: (1) greater emphasis is placed on intervention-treatment programs, rather than prevention programs (although both programs now are taking a back seat to research); (2) courses and workshops on parenting (e.g., Parent Effectiveness Training) are not likely to be attended and accepted by the people most in need; and (3) preventive intervention is directed towards parents and environmental situations (Alvy, 1975) while the children are generally ignored.

Considering the state of the art and political realities, the most germane problem is the scatter gun or low specificity approach being used. We must pinpoint more accurately and focus more specifically on those families who will abuse their children. Certainly, helping all families or all poor families is a worthy goal, but whether or not the limited child abuse prevention funds should be used in this way is another question. If families at risk can be pinpointed more accurately and given preventive intervention combined with a program of integrating abusing and nonabusing problem families, then many programmatic and political problems will be solved. The program must focus on both parent and child, and be able to help them with psychopathology and environmental stress when present, as well as with emotional and developmental problems of the child. Such a prevention-intervention program is successfully in operation at the Peanut Butter and Jelly Therapeutic Pre-school, Infant, and Family Center (Albuquerque, New Mexico) in its Family Systems Approach to the prevention and intervention of child abuse and neglect.

The Family Systems Approach (Grodner, 1977) states that child abuse is part of a pattern of relationships and reciprocal transactions between parent and child, as well as other family members, in which all parties play a part. Theoretical influences of this approach include: family therapy, the effects of the child or infant on its caregiver, and research by Chess, Thomas and others on the interplay between child temperament characteristics and parental-childrearing practices and attitudes (Chess, 1971). Without denying the role of personality deficits or environmental-societal influences on child abuse, the particular relationship and specific transactions of the parent-child dyad are extremely important and generally neglected determinants of child abuse and neglect.

In most models of family therapy, the family is seen as a system, concerned with homeostasis, norms, and communication, rather than individual psychopathology and symptoms (Haley, 1970; Ackerman, 1966). While much specific individual behavior (juvenile car theft, etc.) is viewed from a perspective of the family system, it is interesting that child abuse, which by definition is a family-based relationship behavior, is largely viewed as individual pathology.

Recent research (Lewis and Rosenblum, 1974) regarding the effect of the child or infant on its caregiver shows the great influence children have in shaping the relationship between parents and themselves.

Chess and Thomas (Chess, 1971), in their longitudinal studies on the genesis of behavior disorders, found correlations between behavior problems and the interplay of parenting activity, attitude and child temperament. When emphasis was placed on parents or children alone, no strong relationships were found. In fact, parents of behaviorally disordered children were not markedly different from those parents with "normal children." Many difficult children disrupted the parenting abilities and eventually altered the parenting attitudes of their caregivers. Sameroff (1975) believes that prediction of children's long-range developmental outcome is dependent on an interactional model of individual constitutional makeup and caretaking environment.

It seems reasonable that the interaction of child and parent, and to some extent the child itself, is a greater influence on child abuse and neglect than has generally been acknowledged (Grodner, 1977). For example, child abuse could develop as in the following scenario: A child with a 'difficult temperament' may receive parenting inappropriate for him from 'normal parents' which results in behavior problems for the child. Parents are likely to react with increased discipline and/or tolerance of frustration. Chances are thus increased that the parent will not be able to control impulses or temper, which result in abuse and a reciprocal pattern of child behavior and parental abuse. The observation that many abused children are, were, or have become difficult to handle, hard to tolerate, obnoxious, etc., lends credence to their playing more than the passive role many theorists have given them (Grodner, 1977).

With a family systems orientation, it is possible to look at the parent-child relationship and transactions along a continuum from well-functioning mental health norms to severe child abuse and neglect. Amount and intensity of physical discipline, quality of care and stimulation, and other relevant issues may be ascertained. Families who are having difficulties with these issues, but are not abusing and/or neglecting their children, are the prime candidates for preventive intervention.

The Peanut Butter and Jelly program also deals with families currently abusing and/or neglecting, as well as emotional, developmental, environmental, and/or parenting problems not directly related to abuse or neglect.

It is no longer necessary to focus on criteria such as personality characteristics which are related only indirectly, statistically, or not at all, to actual child abuse/neglect; or focus on environmental issues which affect large groups of people, few of whom will ever abuse or neglect their children.

Intervention, as well as prediction, may be directly related to the interaction of abuse. Many preventive and remedial interventions focus on personal parental problems, such as giving a parent the mothering she never had, while disregarding the problems of the child. This approach is believed both necessary and sufficient to stop child abuse. However, neglect of services to the child is not only unfortunate, since the child plays a part in the abuse cycle, but also precludes preventing or changing the emotional and developmental problems of the child, which Martin and Rodeheffer (1976), as well as others have found to be common. We believe that working with parents and child together can make possible a change in child development and behavior, relationships, attitudes, parenting skills, and stop or prevent abuse and neglect.

The program consists of therapeutic classes, outreach and home programs, with supportive and adjunctive services including psychological, language, speech, training and consultation. Parents interact with, and model interactions between, staff members and their child (Grodner, 1977). Parents also have an opportunity to learn new ways of dealing with their behavior and feelings which formerly resulted, or in the future may result, in an abusive response. Improved behavior and development of the child, and improved parenting, have a reciprocal cumulative effect in the prevention of abuse and neglect. Activities, such as personal therapy and help with environmental stress, are accomplished as part of the individual family's treatment plan. However, to combat a parent's poor self-concept and sense of isolation, the acquisition of parenting skills and group warmth frequently accomplishes more than individual counseling intervention. A delivery system and environment sufficiently individualized and sensitive to work effectively with the so-called "difficult parent," is one aim of the program.

The integration of abusing and neglecting families with those who have other types of psycho-social-environmental problems, limits program stigma and aids in developing an individual functional approach to viewing families with problems or in high risk situations. In summary, using a family systems approach (which is not mutually exclusive to other approaches) with families at different places on the child abuse and neglect continuum is an innovative, yet practical, approach to the problems of both prevention and intervention in child abuse and neglect.

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Working with Teenage Parents: High School Redirection

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High School Redirection is an alternative high school which has, since its inception in April, 1969, served a "high risk" population of students. They come to us alienated from the traditional educational system, and seeking an alternative way in which to complete their high school education. Our school population comprises potential dropouts; economically, academically, and socially disadvantaged students; some emancipated minors; and young mothers and fathers. They have in common the desire to remain in school and to get a high school diploma. This is evidenced by the fact that they are not mandated to our school but rather apply voluntarily from any city high school within the five boroughs of New York City, and in most cases remain on a waiting list from one to six months.

Our school, which is organized on an alternate week basis, is committed to an approach which, in addition to stressing the improvement of basic academic skills, has also seen a tremendous need for out-of-school learning experiences and ongoing group and individual counseling. Based on this commitment, in 1974 we organized an optional program in early childhood training. This program involves both male and female students in alternate week assignments in a day care center where they work under the supervision of trained day care personnel. On the other weeks, they return to school where they are instructed by our day care coordinator, Ms. Cecelia Barnes, in early childhood methodology and pedagogy. We saw this program, which has been extremely successful, as important both in terms of possible career training in the field of early childhood education and, perhaps more significantly, as a beginning in the field of parent awareness which we felt would do much to decrease the potential for child abuse. We feel strongly that child abuse is often caused by past negative experiences of the abusers, as well as lack of information and preparation for parenthood.

Initially, this program was funded on a very limited basis ($13,000 for teacher salary, $250 for instructional supplies). Additional space is being made available to us for the coming school year and we plan to set up an experimental and pilot day care center in our school. It will be run by our high school students under the supervision of a professional early childhood coordinator. Hopefully, we will include in this day care population some of our students' children, some staff children, and some children from the impoverished, mainly Spanish-speaking community in which our school is physically located. The reason for this mix is an attempt to bring children of different racial and socio-economic backgrounds together in the interest of decreasing the racial polarization which is so evident in our city and our country today.

In addition, in line with our concern about the lack of parent preparation within our educational system, we have instituted a course in parenting. In it, our students receive information regarding pregnancy, abortions, early childhood development and growth, adolescent identity problems, constructive methods in parent-child relationships, and child abuse. The parenting class is taught by Mrs. Barbara Dixon, who is licensed in home economics and biology and is experienced in health-related areas.

The problems in instituting both the day care training program and the parenting class have been financial--we have had to take the staff time out of our regular city tax levy allocation which has, therefore, increased the class size of the rest of our regular offerings. A request from the day care training program for funds for instructional materials was granted, but for only $250. We have no allocation from the central board for our parenting course. During the first two years of our program we were unable to pay for our students' transportation to the day care centers during their alternate week assignments, which produced an unreal and unfair financial burden for our unpaid student participants.

We are deeply concerned that in our society there are more stringent requirements for driving a motor vehicle than there are for becoming a parent. We strongly advocate the introduction of the subject of the understanding and prevention of child abuse into the secondary school curriculum. We feel that child abuse is caused by ignorance of more constructive methods of relating to children and the daily frustrations faced by parents. These frustrations are closely linked to conditions such as poverty, under-education, and poor housing. There are few resources available to help people to understand and alleviate these stresses. Since children represent a powerless group in our society, they bear the brunt. The discussion and sharing of experiences in high school classes would go a long way toward preparing present and future parents for healthy and constructive ways of dealing with their children.

APPENDIX 1

Parenting Course Description

The course is structured to present the students with various methods of parenting. The students are given the opportunity to recall memories of their childhood, to look at themselves and their values, and to think of different solutions to future problems involving themselves and their children. We cover topics such as conception, pregnancy, abortions, birth control, stages of child development, discipline, and child abuse.

The course is in an experimental stage. This is its first year at High School Redirection. The classes are coed, including both parents and expectant parents. The response has been superb. The students feel it is a valuable contribution to their educational development.

APPENDIX 2

Day Care Aide Training Program

Students are placed in a day care center and come to school on alternate weeks. The emphasis of the program is to give the adolescent some tools, skills, and teaching techniques to use with young children. Trainees are required to cover units which include:

1. Approach
2. Observing - (Anecdotes)
3. Listening skills (crying—a sign of stress)
4. Puppets
5. Fables
6. Language Arts—making books
7. Pre-reading
8. Mathematics
    a. Attribute blocks
    b. Unit blocks
    c. Cuisenaire rods
    d. 1000 beads
    e. 100 cubes
9. Water Play
10. Sand Play
11. Science—plants; small animals.

Socialization of the child is of great importance in the day care program. Students study the society and its effects on the child. Issues discussed include community politics, cultural differences, and family roles. Nutrition is discussed in this course because some children have special diets for religious or health reasons.

On the job, the students serve as teacher aides. They are expected to show good attendance, punctuality, and good service to children. Some students are placed in offices, but most work in classrooms. They assist the teacher with activities for the social, physical, and intellectual development of the children. Typical activities include block building, story telling, table toys, mealtime, naptime, indoor activities, birthday parties, and holiday celebrations.

After graduation some students have been successful in securing full-time positions in the day care center in which they volunteered. Some students have gone on to college to study early childhood education. All have expressed interest in child care careers.

We are planning to open our own child development center in our high school facility. The center will be staffed by students who have all been involved in the day care aides training program, and attended by the children of the high school students, staff, and neighboring community.

Public Awareness

A Public Education Program: The Obligation and the Opportunity

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The focus of this discussion is not just the subject of public awareness in the field of child abuse and neglect but the broader subject of public relations for your organization: public relations for the social service agency, large or small, public, private, or volunteer. Public relations. Do you recoil from the concept? Very possibly and it is understandable. Through misuse, it has come to have most unfavorable connotations. For millions of us it smacks of manipulation, slickness, and at times, flagrant dishonesty. Misuse may be society's greatest single problem. Misuse of inventions, like the gasoline engine, of the products of the pharmaceutical industry, of the arts of printing and movies and television, of plans and programs to help the poor and the disadvantaged, and most important of all, the misuse of human beings. So why should the techniques of public relations be any exception? The point is that these techniques do exist. Sometimes we are aware of them; often we are not. But they are being used and misused all around us every day with varying degrees of success. Used for what? Primarily to persuade: "Registration of hand guns is an infringement of our constitutional rights;" to change attitudes: "Mobiloil is only concerned with keeping America strong;" to change behavior: "You can do it faster and better with a microwave oven." To repeat, public relations techniques are used primarily to persuade: "Try Alcoholics Anonymous;" to change attitudes: "Black men and women are entitled to the same opportunities as everyone else;" to change behavior: "Physical punishment of children produces unfavorable results." The techniques are the same. It is the uses to which they are put that count. But the techniques are available.

Since there are proven techniques that can be used to persuade, change attitudes, and change behavior, do you not have an obligation to make as effective use of them as you can? It seems to me that you do because an important part of the job of every person engaged in any kind of social work is to try to convince others of the importance and the pragmatic value of the work you are doing. In this, you are seeking to enlist their support. You believe that your work is important. That is why you do it and why you stay with it. It is certainly not the prospect of riches that attracts you, nor are you in it because it is easy and pleasant. The satisfaction of knowing that your work is important is not enough, however. You will accomplish far more if the community at large, as well as other groups, also believes it is important. Otherwise your efforts will not get the support they must have if you are to achieve reasonable results. Suppose that the community comes to believe in the importance of the subject with which you are concerned. Excellent; but this is not enough either. If the community is to support your efforts, it must also be convinced that your organization does a good job. You have an obligation to persuade others that this is true. You should do this, of course, only if you can do it in good faith—in other words, only if you are doing a good job.

To summarize thus far, there are proven techniques which can be used to persuade, change attitudes, change behavior. These techniques are available to you, and you have a responsibility, an obligation to make use of them in your work.

As Joseph Califano said the other day, the profession you have chosen is surely the noblest work of man or woman. Look around the society. Can you really think of anything more important than doing what little we can, each in his or her own way, to make things a little better for someone else? Most of you do believe this, of course. Otherwise you would not be here. You would be elsewhere, diligently pursuing the accumulation of capital.

There are two things that impress me about your work. The first is that, basically, what you are trying to do is help the individuals you deal with to be the persons they were meant to be. You are trying to help them realize their potential. In one of Martin Buber's books, Rabbi Zusya is discussing this subject with his followers. He concludes by saying, "And when I die and go to meet my God, he will not ask, 'Why were you not Moses?' He will ask, 'Why were you not Zusya?.'"

The second thing that strikes me about your work is that you are agents of change. Change is what your work is all about. You spend your days and years in trying to change attitudes and behavior so that you can change lives. Now, the more people whose attitudes and behavior you can change, the more people you can help. It now becomes apparent that the term "public relations" is not the one we should be using. Aside from its uncomfortable connotations, it is too loose for our purposes. I suggest that instead we think about the concept of public education. We are trying, each in our own place in our own way, to educate the public on the subject of child abuse and neglect. If we can do so in good faith, we work to make the public understand that our organization is an effective element in this work.

What are our chances for success? What kind of climate are we working in? Some may be tempted to answer gloomily, "Not very good. Look around you." I admit that when you look around, what you see at first glance is not too encouraging.

One could be forgiven for concluding, at times, that ours is an economy fueled by money and powered by greed. Surveys show that a majority of people are convinced that most businesses (not all, but most) will, if they can get away with it, sell anything to anybody at any price. A company has recently introduced a line of sweet alcoholic beverages designed specifically to attract the young men and women of our country. A headline in the April 1, 1977 issue of the Wall Street Journal reads: "Fearful Firms: Human Rights Stand By Carter Disturbs Companies in the U.S." The subhead reads: "They Fret over Retaliation in Latin America, Russia; But No Business Lost Yet."

Examples of love of money to the exclusion of other considerations abound. As far as government and politics are concerned, it seems that the most important thing President Carter could do before he leaves office would be to restore faith in the leadership and in the institutions of our country. Right now such faith is at a very low ebb.

But there is another side to all this. The very nature of conditions today work to the advantage of all of us. How can this be? Because excesses produce reactions. I believe that increasing numbers of people are becoming convinced that greed may be doing us in, that we could just pollute ourselves off the planet, and that in a society where violence appears to increase with every year that passes, we must be doing something wrong. Therefore, more and more people--old and young, but especially young--may be increasingly willing to listen to the voices of people like you. "That doesn't add up," I can hear someone saying. Because of inflation and economic problems generally, communities everywhere are demanding, for example, that school and welfare budgets be cut. True. It may be, however, that the revolt is not so much against what is being done, but how it is being done. There is a growing demand for evidence that what is being done is having some effect, that money is being spent carefully and not wasted. For vast numbers of people, the revolt is not so much against expenditure, but against waste, slickness, and dishonesty. I would submit that, although we have a lot of things working against us in our efforts to bring about change, we have a lot of things going for us, too.

There is not sufficient space to go into any detail on how to prepare effective public education programs. I used the word "program", not "campaign." "Campaign" implies an effort of limited duration. In public education, we need to think of continuing effort. I would like to offer a few general thoughts, however, and make one specific suggestion: the National Center on Child Abuse and Neglect in Washington has published a rather concise manual that more and more organizations apparently are finding of practical help. It is called "How to Plan and Carry Out a Successful Public Awareness Program on Child Abuse and Neglect." We wrote it for people with little or no experience in public information work. It is designed for organizations that are limited in staff and short on funds. The emphasis has been on being practical. If you are not familiar with it, you can get a copy by writing to the National Center in Washington, Box 1182. You may find it helpful.

Here are a few suggestions on how to approach the problem of conducting a public education program. I am reminded of Yogi Berra. Some years back, he was managing the New York Yankees. They won the pennant that year, and they were expected to "do in" the St. Louis Cardinals in the World Series rather easily. They did not. To the surprise of most, the Cardinals triumphed. A few days later, a newspaper reporter interviewed Yogi to find out why he thought they had lost. "I think we lost," said Yogi after a moment's reflection, "because we made the wrong mistakes." The wrong mistakes. There is a lesson for us here. Mistakes we are bound to make. What we do not want to do is make the wrong ones.

It has been my observation that most public education programs are likely to go wrong at the very beginning, in the planning stage. There are two all-important factors to consider here: what audience do you want to reach and what do you want to accomplish with that audience? It is not possible to exaggerate the importance of carefully thinking through the answers to these questions.

In approaching the problem, it is helpful to examine the word "public" and look at it very carefully. We may mean the community as a whole, but we may not. It is useful to think in terms of many "publics" or target audiences, not just one. Educators are a "public" in this sense;

so are legislators, physicians, law enforcement people, and social workers. You may want to use mass media such as television, radio, and the press to reach the community as a whole. On the other hand, you may want to zero in on the so-called "influentials," such as civic and labor and business leaders. The March 29, 1977 issue of the *Wall Street Journal* notes that "Toymaker Kenner Products and the New York City schools held a workshop to teach babysitting and child care."

Interesting things are happening outside the United States, too. A recent issue of *Advertising Age* carries a story about the spectacular rise of the consumer movement in Japan, in the city of Kobe. The Morinaga Company, a large dairy, operates parents' centers to which people can come to get advice on raising children. It also operates a "helpline" or "hotline" that has handled over 100,000 calls in two years. Perhaps there is an idea for us here. Perhaps business leaders are a "public" worth focusing on not just because of their general influence but because of their potential for direct action. In any event, it is vital to define carefully, before doing anything, what audience you want to reach.

Task number two involves defining what it is you want to accomplish with your target audience. The audience you want to reach and your objective in reaching it will determine *how* you go about the job. It will determine the content of your message and it will determine the means, the media, and the techniques you use to reach them. (The medium is not *always* the message.)

If you determine that your audience is the general public, perhaps your goal will be to inform or educate. Child abuse and neglect is a serious problem, and it extends across all races and classes. Or, child abusers need help too. Perhaps you want to do more than educate: you want to stimulate action. Do you want to encourage third party reporting, for example, or remind folks that they have an obligation to report suspected cases? Or do you want to limit yourself to encouraging self-referrals?

If your organization is not geared up to deal with broad public response, then you may want to limit your objectives. You may want to confine your objective to one particular aspect of your services: obtaining more foster homes; recruiting volunteers; generating requests for speakers or educational materials; publicizing educational workshops for teachers or other professionals; or publicizing parenting classes for teens.

The subject of public relations for the social work agency and how it can be used to create public awareness of the problems of child abuse and neglect and build support for the work of the agency have been explored in this paper. The following list is a summary that can perhaps serve as a guide for those facing the problems associated with developing public awareness and public education programs.

1. As professionals, you need to gain support in the community for your organization's activities in child abuse and neglect.
2. Therefore, you have an obligation to educate, i.e., persuade, change attitudes, change behavior.
3. There are proven techniques available to you for these purposes.
4. As change agents, you should employ these techniques in your public education efforts—unless, of course, you can develop more effective ways on your own.
5. Before doing anything else, think through the objectives of your program. Define carefully the target audiences or "publics" it is appropriate for you to reach. Then assign priorities.
6. Carefully think through exactly what it is you want to accomplish with your target audience.
7. Remember that if it is appropriate for your organization, a community-wide public education program will provide a backdrop for your efforts with various other target groups, a backdrop that will make these specific efforts more effective.

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The Most Common Misconceptions about Child Abuse

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This paper is presented to examine ten of the most common misconceptions about child abuse, to explain the evolution of these misconceptions, to compare them to the realities, and to emphasize the need for community reeducation. Many misconceptions are related to one's personal feelings, perceptions, and social and cultural norms which consequently support a "comforting" attitude rather than a realistic approach toward abuse.

CHILD ABUSE ONLY OCCURS IN LOWER SOCIO-ECONOMIC FAMILIES

Statistics regarding the socio-economic characteristics of abusers are skewed since most identified cases of child abuse are reported by hospital emergency rooms, clinics, and social service agencies patronized primarily by lower socio-economic families. Cases of abused children seen in private practitioners' offices are frequently from more affluent families and are not reported. In hospitals and social service agencies, professionals are more skilled in the identification of child abuse and are more familiar with abuse laws and reporting techniques than are private practitioners who either fail to recognize abuse, refuse to get involved, or attempt to handle the abuse situation themselves.

Stereotypes of lower socio-economic families and middle and high socio-economic families perpetuate the misconceptions. Lower socio-economic families are thought of as being uneducated, prone to physical violence, problem-oriented and transient while middle or high socio-economic families are perceived to be educated, resourceful and capable of controlling violent impulses. Finally, the majority of middle, upper-middle, and higher class socio-economic families do not want to believe that abuse exists within their communities, much less that it happens to their own children or is perpetuated by adults in financial circumstances like their own. Current literature demonstrates that abuse occurs in all socio-economic levels, races, nationalities, and in all religious groups (*Today's Education*, 1974). Although education is more comprehensive today than at the time abuse laws were first introduced in the early 1960's, extensive education is not only needed for altering the pattern of abuse but also for identifying and treating abuse regardless of socio-economic level. In addition to educating the professional, it is important to educate the general public, emphasizing that services are available to help the abuser and the abused.

ABUSE OCCURS BECAUSE PARENTS MISJUDGE THEIR OWN STRENGTH WHEN PHYSICALLY DISCIPLINING CHILDREN

This attitude presumes that abuse is merely the over-extension of discipline, and focuses only on the physical result rather than on the cause of abuse. For example, bruises on the buttocks are considered the result of a spanking. However, abuse is actually the result of a complex pattern of deviant parenting involving: (1) the parent's potential to abuse; (2) the "special" child (for example, a hyperactive or premature child, a child with a birth defect, a spouse's child by a previous marriage, etc.) for whom the parent has unrealistic expectations; and (3) a personal or family crisis (Helfer and Kempe, 1974). Parents lash out because they have inadequate constraints and are recycling their parents' rearing patterns. It is not how hard a child is struck, but rather where, with what, and under what circumstances, which determines the extent of injury. For example, we saw a child at age three months with black eyes and bruises around the face. The child, according to his 17-year-old mother, would not stop crying although she changed the baby, fed him and played with him. Out of frustration she hit him in the face six times before she reacted to what she was doing and stopped. This mother had multiple scars from being physically abused by her father as early in her life as she can remember. In early adolescence she was raped by her father and finally ran away from home. She perceived her own child's crying as another failure and reacted to her own feelings of inadequacy in the only way she knew, by physically lashing out. Support systems, education, and treatment are just a few ways of helping a young mother like her perceive herself more appropriately, redirecting her energies toward good parenting while also offering protective services to the child and ultimately preventing the recycling of abuse.

ABUSIVE PARENTS ARE PSYCHOTIC

The idea of an adult victimizing a defenseless child and the horrifying nature of the injuries in some abuse cases makes it easy to believe that an abuser is mentally ill. This is the most comfortable attitude to adopt. Mrs. Jones, the 20-year-old mother of a child seen at Columbus Children's Hospital was, in fact, psychotic. She stabbed her nine-month-old baby twenty-one times and then turned on herself. The mother heard voices saying the child would be killed so she decided she would do the job herself. Fortunately, the child's stab wounds from the initial abuse were superficial. The psychiatrist diagnosed Mrs. Jones as a paranoid schizophrenic, hospitalized her, and treated the event as a single acute episode, although her history indicated the contrary. After receiving what was considered adequate treatment, the child and mother were reunited, the mother presumably being capable of safely caring for the child. The mother, after another psychotic episode, was again hospitalized but this time before injury to the child. The mother's illness is now perceived as chronic, the prognosis guarded, and protection for the child essential. We emphasize that the above case situation is the exception, not the rule. Studies show that less than 10% of abusers exhibit serious psychotic or neurotic behavior; this figure is consistent with the incidence of psychosis or neurosis in the general population (Steele, 1970). Columbus Children's Hospital statistics concur with national statistics. Out of approximately 670 cases of abuse identified at Columbus Children's Hospital in 1975 and 1976, fewer than 5% of the perpetrators of abuse were neurotic or psychotic.

MOST ABUSED CHILDREN ARE THE RESULT OF UNWANTED PREGNANCIES

Many times after a parent has expressed frustration over or inflicted injury upon a child we perceive the parent's actions as a lack of emotional and physical bonding stemming from an unwanted pregnancy. In actuality it may be post-birth frustrations that make the child unwanted. Interviews with abusive parents indicate that in many instances the abused child was a planned pregnancy or, if the pregnancy was unplanned, the infant was accepted at birth. Accepting the established profile involving a potentially abusive personality, a "special" child and a crisis situation, we conclude the circumstances leading to abuse are unrelated to parental expectations during pregnancy. It is not the unwanted child, but the child who cannot meet the adult expectations of parenting and who is unable to assume the role reversal, who is abused. Mrs. K. wanted to become pregnant, and underwent extensive medical treatment, having been married five years before she conceived. When she had her child, she could not tolerate his crying; she would frequently put him in his crib, close the bedroom door and turn up the stereo to drown out the screaming. When examined at the hospital, this five-month-old had radiological evidence of multiple factures at different stages of healing. The mother had grown up harboring the guilt from being repeatedly blamed for her mother's hysterectomy after her birth. She had had an emotionally deprived childhood, developed a passive-aggressive personality, and married a passive, ineffectual man. Emotional abuse had left its scars, but fortunately she and her husband responded to therapeutic intervention.

CHILDREN ARE SEXUALLY ABUSED BY ASSAILANTS UNKNOWN TO THEM

Society would like us to believe that incest is the universal taboo, that intrafamily sexual abuse does not exist, but that in some cultures incest is an acceptable norm. Seventy-five percent of sexually abused children know their assailants. The younger the child, the more likely the abuser is a family member (Fontana, 1973). Over one-third of the 280 abused children reported in 1975 from Columbus Children's Hospital were sexually abused. One-fourth of the 103 sexually abused children were under the age of six, and two-thirds were under 12 years of age. Three-fourths of the perpetrators of these sexual abuses were fathers, stepfathers, grandfathers, mothers' boyfriends, victims' boyfriends, uncles, babysitters, and known neighbors. Statistics in 1976, although not complete, follow the same trend. Out of 93 cases, 82 had previously known their assailant, with 20 of those cases identified as parent incest. Sexual molesting of a child ranks as one of the lowest status crimes, therefore it is difficult to imagine that a parent could "use" his child for sexual gratification. This particular crime tends to evoke social stigma which triggers emotional feelings, therefore hampering effective communication between the professional and lay community. We need to establish programs that will lessen the stigma in order to minimize the trauma to the child. These would include education, identification, and treatment management.

CHILDREN ARE ONLY ABUSED BY PARENTS AND/OR PARENT SUBSTITUTES

This misconception evolves from the belief that parents have the ultimate responsibility for a child and are therefore responsible for the child's well-being. Further, the assumptions are made that children in licensed or regulated institutions are safe from abuse and that individuals who have chosen a profession related to working with children do not abuse those children. Child abuse can occur in any environment where adults possess the potential to abuse and a child cannot meet the adult expectations. Settings in which abuse occurs outside the home include schools, foster homes, day care centers, and schools for the retarded, just to name a few. In Ohio, corporal punishment in the schools is permissable by law, and when this discipline becomes abusive, it is rarely reported. An example of school abuse is John, a 14 year-old-boy who was described by the teacher as one of the "best" children in the classroom. Yet this boy was presented to Columbus Children's Hospital Emergency Room with severely bruised buttocks, the result of a paddling by his teacher. John, interviews showed, was not fulfilling the teacher's expectations for him. Emotional abuse is also frequent in a classroom when a teacher scapegoats a particular child with put-downs, ridicule, or adverse comparisons. There is need to have clearly defined investigatory responsibility for abuse occuring in such institutions. Until there is equity in enforcement of the law, the extent of institutional abuse will increase.

CHILD ABUSE IS A MEDICAL AND SOCIAL PROBLEM RECOGNIZED BY THE COMMUNITY

Many communities are unable to comprehend the complexity of child abuse and are unaware of the extent of this problem. Recently, 25 cases of measles in a nearby community were identified as an epidemic, yet 394 cases of abuse reported by a single hospital are unrecognized for their epidemic proportions. A community's limited awareness is reflected not only in its denial of the existence of child abuse, but also in its lack of social services. Even if services are available, they are limited to working hours or restricted to certain populations or age levels of children. Counties still exist in Ohio which fail to acknowledge even one abuse case in several years. For example, an 18-year-old father brought his three-month-old baby to Columbus Children's Hospital from a neighboring community hospital. The child had burns on all five fingers of one hand and massive subdural hematomas. The father gave the history that he had tripped over an electrical cord while carrying the baby. The child landed on a table top, bounced to a chair and then to the floor, causing the head injury. He claimed that the burns were from boiling milk accidently spilled on the baby's fingers earlier that week. Although this young man never acknowledged that he abused his child, he did recognize his need for help and was willing to become involved in counseling. He was a "loner" and even his 17-year-old wife was running away from him, presumably from fear of injury. Hospitalization for diagnostic evaluation and treatment was recommended, but the county social service agency "sat" on the case. The young man was arrested, and during the first weekend in jail attempted suicide. Six weeks later, having had no legal counsel, no court hearing, and no therapeutic intervention, he escaped from jail, still mistrustful, fearful, without support systems, and with his life in jeopardy. Communities, like abusive individuals, have to be helped to acknowledge that a problem exists before such patterning of mismanagement can be reversed. Education can only be effective if its purpose is realized.

ABUSIVE PARENTS CANNOT CHANGE THEIR BEHAVIOR

This misconception persists because abuse recycles. Violence is thought of as part of a parent's existence, and, as mentioned earlier, the abusive individual is considered psychotic. These are common attitudes of the general public, but the fact is that the majority of families do respond to appropriate intervention. Cohesive relationships between direct service agencies and supportive organizations are essential. Abusive parents are basically mistrustful individuals who will question, "Why would anyone like me? What strengths could anyone possibly see in me?" (Kempe and Helfer, 1972). The Gray family was first seen at Columbus Children's Hospital when their child sustained a superficial hematoma of the skull requiring medical attention. History revealed that abuse had been evidenced before, but the parents had never sought help. Marital discord, an ineffectual parent-child relationship, and the lack of support systems were a few of the identified problem areas. Mr. Gray was reared in an abusive environment where beating was almost a daily ritual from his early years until age 17. He was made to feel inadequate by his parents and consequently developed a poor self-concept which limited his academic learning and reinforced his sense of failure. He did not know how to relate appropriately to his two children in any way and the television became his only escape. His abusive pattern was touched off by any noise interfering with his self-isolation. The mother was somewhat stronger, but also had weak emotional ties, making identification and alliances difficult. She would support her husband, but then reinforce her parents' negative attitudes toward him. These double messages further intensified his feeling of "I'm no good". Treatment is not short term, but intensive, requiring extensive commitments of many individuals: professionals, nonprofessionals, and extended family members. Wilth recognition of the father's strengths, family supports, and the desire for change, this family was able to develop healthy goals. Individual counseling, family therapy, parent education, and infant stimulation all helped to produce change resulting in improved parenting skills, a compatible marriage, the father maintaining the same employment over an extended period of time and returning to school and learning to read, the mother getting her high school equivalency diploma, and the parents buying a house. These changes helped to effect healthy family interaction. Initially they could perceive nothing positive in things others did, parental expectations were unrealistic, and family dysfunction was raging. They can now reinforce positive behavior and, if a crisis becomes unmanageable, they will seek help before disaster occurs. This family demonstrates the kind of change we see with the majority of families that receive comprehensive services at Columbus Children's Hospital.

CHILD ABUSE OCCURS MOST FREQUENTLY IN SCHOOL-AGE CHILDREN

A variety of reasons can explain this misconception. Babies are viewed as innocent, loveable, cuddly, and warm, incapable of intentionally defying a parent totally, incapable of provoking physical abuse. It is difficult to conceive of the infant, physically helpless, as a victim. As an adjunct to the misconception that abuse is an extension of discipline, the assumption is made that abuse occurs more frequently in older children because parents become more forceful in corporal punishment with the older child. Furthermore, the seemingly logical assumption can be made that older children are better able to verbalize abuse incidents since they routinely come into contact with professionals such as doctors, dentists, school teachers, social and recreational leaders who are trained to identify abuse. In reality, almost half of the children who are abused are under six years of age. At Columbus Children's Hospital in 1975, 47% of abused children were under the age of six, 26% were between the ages of six and twelve, and 27% were over twelve years of age. In 1976, 50% were under age six, 25% between six and twelve, and 25% over twelve years of age. The younger child, because of his physical and emotional growth, has numerous needs to be met by a parent. If this parent is preoccupied with meeting his or her own needs or relies on the child for gratification, physical and/or emotional abuse can occur. Parents who have unrealistic expectations of their child's behavior become frustrated when the child does not perform appropriately.

Close medical follow-up for new-born infants, and observation of the interaction between a parent and the new-born child can help identify abuse potential, and parenting courses at the high school level and elsewhere can teach more appropriate means of managing the child and understanding the child's physical and emotional needs.

CHILD ABUSERS SHOULD BE CRIMINALLY PROSECUTED

Laws of various states are consistent in defining child abuse as a crime. Generally, the community perceives child abusers as "criminals", and therefore feels they should be imprisoned. In practice, however the legal system treats many problems relating to child abuse as civil matters, removing the need to prove who committed the abuse, but clearly providing protection for the abused child. Unlike criminal laws, the civil child abuse laws are used to protect the child and to provide treatment programming for abusive families so that negative parenting behavior patterns can be modified. Less than 5% of perpetrators of child abuse are criminally prosecuted, partly because it is particularly difficult to convict the child abuser. The standard of proof must be beyond a reasonable doubt, and generally no witnesses have observed the occurence of abuse. When there is a witness, a coalition frequently exists between the witness and perpetrator. Failure to convict the abuser in a criminal proceeding often encourages him to continue the abuse. A civil action is generally more effective in protecting the child, and in addition allows therapeutic intervention.

At times, however, because of the nature and seriousness of the abuse (death, irreversible brain damage, etc.) a criminal action is justifiable. Even then we need to direct our education toward enabling the community to empathize with and offer help to an already distraught, emotionally confused individual. If we can perceive the adult not as a violent parent but a person in need, then accepting him in spite of our initial emotional reaction becomes less difficult.

Misconceptions about abuse affect the overall efforts at identification, treatment management, and prevention. Can we appropriately deal with a problem when there is continued denial? Can we enforce laws differently for parents than we do for teachers, institutions, etc.? Can we humanize an abuser or should criminalize him? These are the "always" questions which need more discussion between professionals and the lay community if we are to succeed in protecting children, in providing services to the abuser, and in preventing the recycling of abuse.

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Designing and Utilizing a Public Awareness Program to Attract Self-Referrals

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INTRODUCTION

The YMCA Family Stress Center, located in Chula Vista, California (South San Diego County), is one of twelve centers funded by the National Center on Child Abuse and Neglect in its first "round" of funding. The National Center was created on January 31, 1974 with the signing (by President Nixon) of the "Child Abuse Prevention and Treatment Act" (Public Law 93-247; commonly referred to as the "Mondale Act").

The Family Stress Center delivers a wide range of services which are specifically designed to prevent and/or treat child abuse and neglect. One of these services is public awareness. The original planners of the Center (a consortium of individuals representing the YMCA, San Diego County Human Resources Agency, Welfare Department, and Board of Supervisors) had such foresight that they included a $5,000 start up budget for a public awareness campaign (funded by San Diego County) to advertise the creation of the Family Stress Center with its services—24 hour emergency intake in particular. I (as the Center's newly-hired director) was extremely pleased with this component since the proposal mentioned the attraction of self referrals as a goal. I had been experimenting with this phenomenon for four years with considerable success, considering the very meager budget with which I had to work.

Mr. Gary Beals of Beals Public Relations was contracted with to produce the materials for and carry out the start up campaign. His work and the responses to it were so positive that I have kept him on a retainer ever since the "start-up" period ended (July 1, 1975).

The most striking (and surprising) result of our public awareness program is that our self referral rate currently constitutes 65% of all referrals. This percentage has been steadily increasing over the two years the Center has been operational. This response has been the most significant reason for our Center's commitment to the belief that every community should spend as much time, energy, and money on attracting self referrals as it expends on getting others to report child abuse/neglect. Both are necessary and both should work together.

This paper presents the how and the why of our Public Awareness Program:

HOW THE PUBLIC AWARENESS PROGRAM WAS AND IS DESIGNED AND OPERATED BY THE YMCA FAMILY STRESS CENTER IN SAN DIEGO COUNTY, CALIFORNIA.

The start-up campaign was designed by the proposal writers, with some later alterations. During the months of April, May, and June of 1975, we produced the materials listed below:

1. 2000 two-color posters;
2. 500 two-color bus posters;
3. Brochures, three-fold, two-color, colored stock, 20,000;
4. Television spot announcements, 30 seconds, with slides.
   (Production costs only; air time is free).

The following question was kept in mind as we produced the materials: "How do you interest and involve people in child abuse and neglect solutions when the drama and shock value of showing injured children is not only counter-productive, but actually harmful to children in stress-filled homes?" We concluded that the answer was empathy. This could be generated easily enough by a caring staff on a one-to-one basis, but to put that feeling of concern and understanding on paper was not a simple matter. It takes more than a flair for writing or a technical understanding of child abuse. Where were the words going to come from? Possibly right out of the mouths of your staffers and clients. So from the beginning we asked them what they felt about the program (Communications audit). The best copy for brochures and news stories came not from well-polished intellectualizing, but the gut issues.

One immediate example of the ongoing necessity of listening to clients and changing the emphasis as a result was with our brochures. Before the opening of the Center, it was decided that three similar brochures would be the ideal communications forms. Thus 10,000 copies of a brochure titled "Who would hurt a kid? Anyone can. Unfortunately a lot of us do." were produced. Another 5,000 copies of this brochure were produced in Spanish. These pamphlets were designed to be distributed to the general public. Another brochure, of which 5,000 copies were printed, was headlined "It's not easy to be a parent." These pamphlets were created for abusing or potentially abusing parents. The tone of this piece was caring and empathetic. Within a month of completion, we all realized that this brochure, with its universally recognized headline (to which we found nearly everyone could say "Boy, isn't that the truth!"), was being picked up far more often than the others. That brochure is now in its third printing while the "Who would hurt a kid" version is still in stock.

At present, the concept of "It's not easy to be a parent" either headlines all public awareness advertising that we do, or is incorporated in its text.

The start-up campaign went "public" in July of 1975. Along with the posters, brochures, and radio and TV spots, there were feature stories and news releases in local newspapers. Initially, the meetings between Beals, myself, staff, advisory board and clients were very frequent. Auditing of responses was done continually in order to plan ahead for future public awareness endeavors. Over the last 1½ years, the meetings have been less frequent (but still at least once a month), but they have been with the same people for the same reasons. This has resulted in an ongoing program which has been well planned, executed, and evaluated.

Everything that has been designed, produced, and utilized for our public awareness program has been consistent with the following guidelines:

1. Build the Child Abuse Center's prestige or favorable image.
2. Promote the services provided by the Center.
3. Foster the good will of the community in which the Center operates.
4. Build the good will and confidence of donors.
5. Overcome misconceptions and prejudices about parents who have abused or neglected their children.
6. Prevent or forestall attacks against the Center.
7. Build the good will of government agencies which interface with the Center.
8. Help attract and encourage the best people to staff or volunteer at the Center.
9. Educate the public on the Center as a non-threatening, worthwhile organization.
10. Investigate the attitude of various groups toward the Center.
11. Coordinate in forming new child abuse or neglect policies.
12. Help direct the course of change within the Center.
13. Promote self-referrals.

As the list above indicates, promotion of self-referrals is not the only objective of our public awareness program. However, we have found that those means utilized to meet specific objectives have supported all of the objectives listed, including the attraction of self-referrals. Some of the means utilized principally to meet other objectives have been general news releases; stories about individual staff members (published in papers covering the area where the staff person lives); photographs and quotes of staff members for a "PR Kit"; a PR fact file (including ongoing news stories relating to child abuse/neglect secured through a clipping service); magazine articles, radio and TV shows (monthly ½ hour interview programs); hundreds of presentations to organizations, agencies, and professionals; conferences and workshop training presentations; a newsletter; our logo, buttons, and needlepoint patterns (both the buttons and the needlepoint depict our slogan "It's not easy to be a parent"). A few examples of the numerous materials designed especially to attract self-referrals are: brochures, public service ads, public service announcements (radio and TV), and wall and bus posters. As a result of our ads and announcements, the Center has been given thousands of dollars' worth of free space and time.

WHY AN INTENSIVE EFFORT TO ATTRACT SELF-REFERRALS SHOULD BE A COMPONENT OF EVERY COMMUNITY'S CHILD ABUSE/NEGLECT SYSTEM

The best reason for a public awareness program to attract self-referrals is that it promotes primary prevention. Over half of our self-referred clients call in before any reportable abuse/neglect has taken place. We have labeled these persons as "high-risk", and our clinical observations indicate that these clients exhibit the same psycho-social dynamics and problems as those clients who are referred by the "system" (i.e., Juvenile Court, Probation Department, C.P.S., hospitals, etc.) after abuse/neglect has been substantiated.

Ellen Selfridge, Family Stress Center counselor and Ph.D. candidate, is presently doing her dissertation on "A Comparison of Personality Characteristics of Self-identified Abusive and

Neglecting Parents with those of System-identified Abusive and Neglecting Parents". This research is designed to corroborate our clinical observations. She will compare 20 parents from each group. Each will be administered the Michigan Screening Profile of Parenting (Helfer and Schneider, 1977), the State-Trait Anxiety Inventory "Self Evaluation Questionnaire" (Spielbert, Gorsuch, and Lushene), and the Thematic Apperception Test (TAT). Test results of both groups will be compared with each other and with a normal (control) group.

Ms. Selfridge's hypotheses are as follow:

1. Self-identified parents feel as negative about their own parents as system-identified abusive parents.
2. Self-identified parents have frustration tolerances as low as those of system-identified abusive parents.
3. Self-identified parents are as isolated from other people as are system-identified parents.
4. Self-identified parents have expectations of their children as high as those of the system-identified parents.
5. Self-identified parents are as symbiotic in their relationships with their children as system-identified parents.
6. Self-identified parents are as threatened by other people as are system-identified parents.
7. Self-identified parents are as pathogenic in their relationships with their children as system-identified parents.
8. Self-identified parents are as anxious at the time of testing as are system-identified parents.
9. Self-identified parents are as anxious in general as system-identified parents.

If these high risk parents do have the same problems as substantiated abusers (and we believe they do), then it just makes good sense to place a great deal of time, energy and money into getting them to self-refer. This will prevent a great deal of suffering (by both children and parents), family break-up, out of home placements, and expensive "after the fact" services (i.e., law enforcement, probation, CPS investigations, court costs, hospital costs, etc.).

Attracting self-referrals who have already abused/neglected also makes good sense. The clients who come in on their own are, by this act, showing that they are motivated to seek and use help.

A FINAL NOTE

The public awareness program described in this paper has been very successful in attracting self-referrals. It has been, and is, designed to be of a quality, non-punitive, positive nature. If a similar program is to be utilized elsewhere, the services that back up the advertising must also be of a quality, non-punitive, positive nature (as is the case with the YMCA Family Stress Center). The two components must flow with each other so that clients are not surprised, disappointed and/or angered by the initial and ongoing responses to their appeal for help. The services must also be of sufficient quantity to avoid the same problems.

North Carolina's Statewide Child Abuse and Neglect Public Awareness Campaign (SCANPAC)

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Child abuse and neglect is a community problem that will require the involvement of the community to find its resolution. No matter how many laws we pass, how many services we want to offer, or how much money is provided, it will be the community's attitude that will contribute the most in determining how the child and his family will be helped.

In order to begin, the community must be aware of the problem, that it does exist in their own community. What is child abuse and neglect? Why does it occur? What are the community's responsibilities to the child and his family (not only under the law)? What has it to offer to help? These questions and others need to be answered.

Are public awareness campaigns positive or negative efforts in the areas of child abuse and neglect? It has been shown that public awareness campaigns can in some way affect the community's response to the problem. The fact of the matter is, however, we really do not have enough experience to help us assess accurately what effects awareness campaigns have. We are still experimenting.

Much of the success of a campaign depends on how it is organized, the theme and scope, as well as the type of materials used to get the message across. One also needs to decide on what type of response he is seeking and how to perpetuate the process of the campaign, redirecting or reemphasizing in order to achieve the campaign's goals. It must be well thought out, not only for effectiveness, but to prepare for the impact on service delivery.

Most campaigns seem to be run by the agency having the legal responsibility to respond to the problem. A campaign should involve more than that agency. If abuse and neglect are considered as a community problem, then key elements of that community should be involved in organizing and conducting an awareness campaign within the community, especially relating to the social and cultural complexes of the family in that community. This is not to say that the mandated agency should not take a lead role, but it could enhance its ability to respond to the problem by involving and sharing it with others. This is what North Carolina has attempted to do.

It began when North Carolina was chosen as one of the 20 sites to demonstrate the media materials developed by Joseph Davis Consultants for the National Center on Child Abuse and Neglect, through the efforts of the Protective Services for Children Unit of the State Division of Social Services. The Department of Human Resources sanctioned the development of a campaign and the Protective Services Unit was given overall responsibility for the development and coordination of the campaign.

A group of 24 individuals from various public and private human services agencies and organizations from across the state were asked to help plan and organize the campaign. They developed campaign strategies that included setting target populations, target goals, objectives, evaluation methods and exploring availability of funding. Nearly a year went into planning and organizing the campaign. This group became known as the Statewide Child Abuse and Neglect Public Awareness Campaign (SCANPAC).

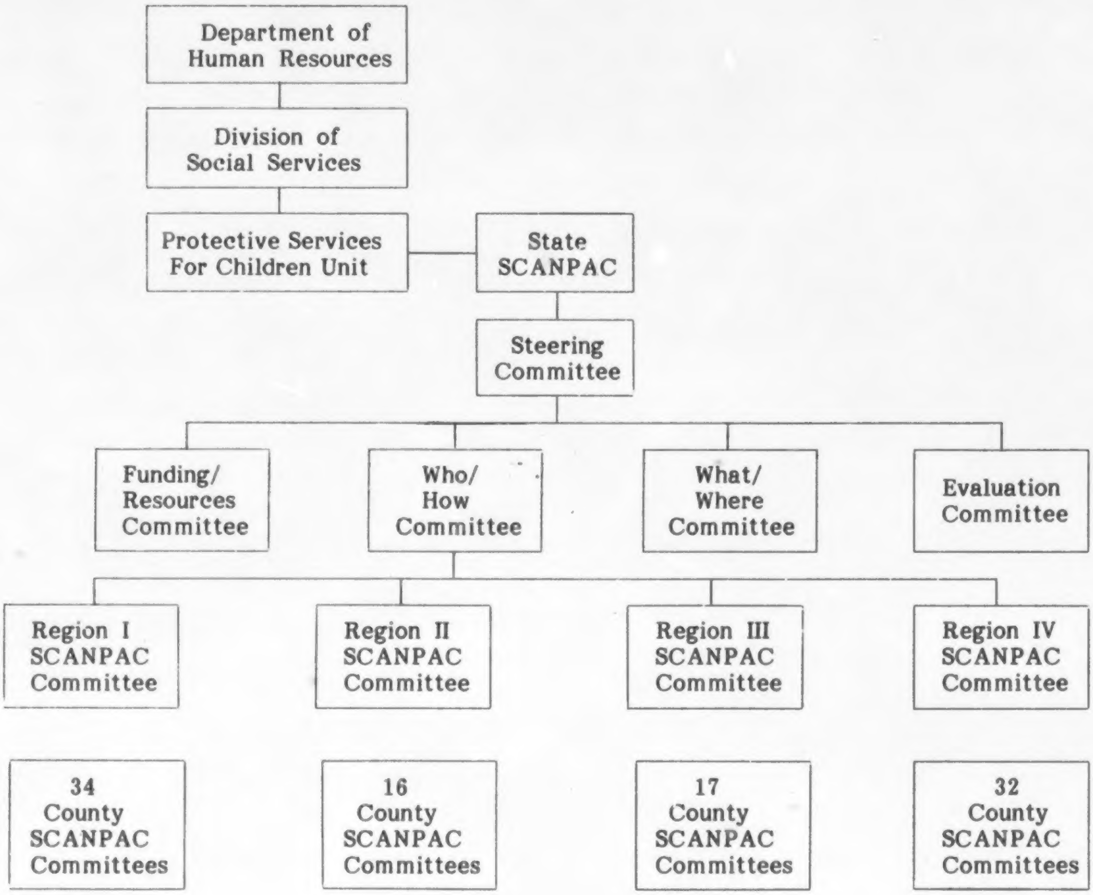
Four regional committees were formed to assist in identifying contact persons in each county and in forming and coordinating county committees. Throughout the organizing of the state, regional, and county committees, the main emphasis has been to invite a variety of people to participate in the campaign program. In this way the major theme of the campaign, that child abuse and neglect are community problems, could be put into practice.

SCANPAC was formed to help plan a way to heighten the public's awareness about the problems of child abuse and neglect. The organizing of the campaign brought it to the county level and got a number of individuals from the community involved in conducting the campaign. It now appears that participation in an awareness campaign not only increases the community's knowledge and sense of responsibility, but can also set up opportunities for the community to work cooperatively, as an agency and nonagency group. Participation permits the community to go beyond just public awareness and take a serious role in problem definition and resolution to protect children and help families. The effects of this are already being seen in North Carolina.

Let us now look at how SCANPAC is structured and examine basic responsibilities and activities that have evolved over the past year. The Protective Services for Children Unit first arranged for North Carolina to be a recipient of the NCCAN materials by recommending the state's participation to the Department of Human Resources through the Division of Social Services. Receiving the sanction and responsibility to demonstrate these media materials, the Unit organized and helped develop SCANPAC as structured on the chart below:

STATEWIDE CHILD ABUSE/NEGLECT
PUBLIC AWARENESS CAMPAIGN
(SCANPAC)

Organizational Chart


Department of Human Resources
Division of Social Services
Protective Services For Children Unit
State SCANPAC
Steering Committee
Funding/ Resources Committee
Who/ How Committee
What/ Where Committee
Evaluation Committee
Region I SCANPAC Committee
Region II SCANPAC Committee
Region III SCANPAC Committee
Region IV SCANPAC Committee
34 County SCANPAC Committees
16 County SCANPAC Committees
17 County SCANPAC Committees
32 County SCANPAC Committees

The following is an outline of the responsibilities of the various parts of the structure.

I. Protective Services Unit

- A. Organize SCANPAC of public and private human services agencies and organizations.
- B. Gain approval from the Division of Social Services for—
  1. use of Division of Social Services funds for the campaign;
  2. use of the NCCAN materials; and
  3. participation of Division of Social Services regional and county staff.

C. Provide a staff member to SCANPAC who will--
    1. arrange to produce and distribute state SCANPAC and steering committee minutes and meeting announcements;
    2. coordinate SCANPAC activities; and
    3. make arrangements for state SCANPAC and steering committee meetings.
D. Aid in duplication and distribution of materials.
E. Provide technical assistance and ongoing planning for continuing campaign program.

II. State SCANPAC

A. Approve campaign strategies, goals, and objectives using NCCAN and other materials as proposed by the steering committee.
B. Recommend to and gain approval from Protective Services for Children Unit for use of NCCAN materials and Division of Social Services staff and funds.
C. Organize and coordinate structure to implement campaign.
E. Evaluate effect of campaign.

III. Steering Committee (consists of chairpersons of four committees, Protective Services staff member, state SCANPAC chairperson, vice-chairperson and secretary)

A. Develop specific campaign strategies on a continuing basis.
B. Assign responsibilities to and coordinate committees.
C. Develop a budget.
D. Assist in evaluation of campaign.

IV. What/Where Committee

A. Preview, select, and develop media materials, special events/features, and other interpretive/promotional aspects of the campaign.
B. Put together kits of materials for regional and county SCANPAC committees.
C. Provide training in the utilization of the campaign materials for the regional and county SCANPAC committees. This includes follow-up sessions every three to four months.
D. Assist in evaluation of campaign.

V. Evaluation Committee

Develop, implement, and coordinate evaluation of the campaign. Report the results to aid in determining effectiveness of the strategies, goals, and objectives of the campaign.

VI. Who/How Committee

A. Establish and coordinate four regional SCANPAC committees by identifying and coordinating agency and nonagency resources.
B. Provide a contact person for each regional SCANPAC committee.
C. Aid regional SCANPAC committees in setting up county SCANPAC committees.
D. Collect minutes from the meetings of regional and county SCANPAC committees, forwarding copies to state SCANPAC chairperson, vice-chairperson, secretary, and Protective Services for Children Unit.
E. Provide general review of regional and county SCANPAC committees, campaign plans, progress in utilization of materials and programs, and recommendations.
F. Request additional or new materials, as well as any specific information needed, from the Protective Services for Children Unit.
G. Coordinate with regional chairpersons meetings, places and dates for training and follow-up review sessions.
H. Assist in evaluation of campaign.

VII. Regional SCANPAC Committees

A. Establish and coordinate county SCANPAC committees.

B. Forward to Who/How Committee's regional SCANPAC committee contact person--
  1. county SCANPAC committee's minutes, requests for materials, information or other resources; and
  2. general review of campaign plan, progress in utilization of materials and programs, and recommendations.

C. Assist in evaluation of campaign.

D. Coordinate with Who/How Committee meeting places and dates for training and follow-up review sessions.

VIII. County SCANPAC Committees

A. Establish multidiscipline committee to conduct campaign by--
  1. distributing materials;
  2. doing public speaking; and
  3. giving media presentations on TV and radio and work with newspapers.

B. Raise local funds to help finance county campaign.

C. Assess the county's needs in protective services and assist in developing needed resources.

D. Assist in evaluation of campaign.

As one can note from this outline, the structure permits the breakdown of certain aspects in the development of a campaign, creating a two-way flow of communication and involving a variety of people interested in and willing to work together on the problems of child abuse and neglect.

Having such an organization for the purpose of an awareness campaign provides a vehicle to utilize a variety of materials developed both within the state and nationally. The main concern that a program of this nature has is the implementation of another awareness campaign, particularly a national one, that makes no attempt to coordinate strategies and activities with states having their own campaign programs. There are many of us who are interested in doing something to combat the problems of child abuse and neglect, yet we must make sure that we do not send mixed messages.

National campaign efforts should make every attempt to coordinate with states that have their own campaign programs in order to help supplement and support the states' programs. Established state organizations can be utilized by national programs to distribute national awareness materials. Involvement and coordination of key groups whether national, statewide, or local will be the greatest single factor in the success of any public awareness campaign.

While North Carolina's SCANPAN is coordinated by a statewide committee that develops the basic program and materials, a great amount of flexibility is left to the county SCANPAC committees. In this way they can meet their own specific needs in conducting the campaign. The organization is based on time, volunteered by agencies or private individuals, in order to participate in the campaign. This method appears to be working in North Carolina where an estimated 550 individuals are involved.

How long should a campaign be carried out? As long as it is needed. Much depends on what is to be accomplished. SCANPAC may continue for two more years. The first phase, a general broad audience awareness concentration, is now going on. The second phase will deal with special professional and political groups. A third phase might be the development and formation of programs that would contribute to the prevention of child abuse and neglect, such as parent education courses.

We recognize that a great deal needs to be done in North Carolina to further promote the development of an effective protective and preventive program for children. Providing direction, resources, and materials from the state level down to the county SCANPAC committees, as well as information, recommendations, etc., from these committees will give the program a sense of coordination, support, and commitment towards accomplishing the goals and objectives of the campaign. A similar approach is needed between state and national campaigns.

Child abuse and neglect are community problems. Without community involvement in its own education, as in a media campaign, we cannot really hope to deal effectively with the problems. They cannot be dealt with solely by state and federal governments. North Carolina's SCANPAC shows one way of developing a productive relationship among a group of people where efforts will hopefully develop the opportunity to provide more effective programs for the well-being of the child and the family.

Reporting Systems

Using Report Data in Defining the Community Context of Child Abuse and Neglect

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This paper addresses the complex issue of using report data to analyze the community context of child maltreatment. It attempts to go beyond the many limitations of such data, principally their socioeconomic biases and their unassessed relation to actual incidence. The focus here will be on the practical use of available information, specifically how a local child protective service agency can use its own data to better understand the community it serves. By examining the demographic and socioeconomic correlates of reports, the relation of abuse to neglect cases, differentiations of reports by source, and the geographical pattern of reporting within a given jurisdiction, an agency can develop a community profile that will more accurately portray the "human ecology of child abuse and neglect" and thus enhance intervention through informing policy and directing research.

THE PROBLEM: USING REPORT DATA

An analysis of child maltreatment must begin with the available data on reported abuse and neglect. Systematic reporting is a recent innovation (Gil, 1970; Radbill, 1973). The first nationwide survey of reported cases (Gil, 1970) was only undertaken for the years 1967-1968. New York state, a leader in this endeavor, began its central registry in 1966, but it was not until 1973 that reporting had improved enough to be able to accurately compare child maltreatment patterns across New York's counties (Garbarino, 1976; Gray, 1973). Unfortunately, cross-state and even within-state comparisons are often impractical because of major problems in achieving comparability across reporting units (Garbarino and Crouter, in press). Clearly, to examine child maltreatment reporting it is crucial to choose a setting which contains sufficient cross-unit reliability. This decision can be based on a review of policies and practices as well as on a preliminary empirical test of the direction and magnitude of correlations, as is illustrated below. An agency studying its own area can judge whether or not such comparability exists. It can encourage it by training its field workers to consistently report and describe cases in a useful way, and by encouraging members of the community to report suspected cases.

To date, report data have been used principally to estimate the incidence of child maltreatment. Even a recent analysis by Nagi (1976) does little more than estimate incidence and undertake a limited epidemiological classification of cases (e.g., by sex, race, and age). Such work has been criticized on the grounds that the very processes which generate report data introduce a systematic socioeconomic bias, resulting in the underrepresentation of affluent families. At least three factors contribute to the bias: (a) private physicians account for a very small proportion of the reports (only 3% in Gil's data); (b) agencies are less likely to intervene with affluent families than with poor families; and (c) affluent families are generally more able to maintain the privacy and isolation which permits child maltreatment to occur unreported (Parke and Collmer, 1975). For these reasons, it is assumed that reporting practices tend to underrepresent affluent families, a crucial bias to be kept in mind when attempting to understand the epidemiology of maltreatment. As Light (1973) has pointed out, however, it is possible to use the report data to assess relationships within groups, if not across groups, as will be shown.

THE POTENTIAL USES OF REPORT DATA

Even given their limitations, report data have untapped potential to help researchers better understand child maltreatment in its complexity. Although case reports vary from state to state—and sometimes even from county to county—in the type of information recorded and the depth of detail, the reports contain a promising array of useful information.

Consider the data contained in a typical report based on the National Center on Child Abuse and Neglect form: (1) the address allows the researcher to pinpoint the case by census tract or even street block for later correlational analysis and estimation of rates by sub-unit; (2) information on the children, including victims and non-victims, their ages and sex, can facilitate research on family size and birth order in the abusing and neglectful family; (3) data on the parents' marital status permits one to classify cases by family structure; (4) information about the perpetrator allows study of the characteristics of adults prone to abuse children; and (5) source data permit the researchers to analyze the source of the report (e.g., neighbors vs.

officials) in order to test a variety of hypotheses about the actual reporting process itself (e.g., that the "closer" the reporting source to the family, the better the protection for children).

Given this basic case information, the researcher can supplement report data with other data such as can be obtained from U.S. Census reports: income, housing, characteristics of female-headed households, and other demographic variables. Investigation into community resources may reveal local sources of useful information. For example, the University of Nebraska's Center for Applied Urban Research has conducted survey-based analyses of housing which have proved useful as supplements to an on-going study of "social habitability" in Omaha neighborhoods, of which child maltreatment studies are a part.

TECHNIQUES AND CONCEPTS: A CASE STUDY

Having collected direct and supplemental information, the next stage is systematic analysis of the data. The first step is to determine which phenomena are most strongly related to maltreatment by doing simple correlations of demographic and socioeconomic variables with these rates. Second, partial correlations, controlling for income (two income measures are most useful; the proportion of families with high income, ie., greater than $15,000, and low income, i.e., less than $8,000), allow examination of the same relationships while pulling out the variance accounted for by income differences. At this point research branches out into a variety of directions depending on the interests and goals of the investigators. If a pattern of counter-intuitive results emerges (e.g., a positive relation between high income and maltreatment or between family deprivation and maltreatment) then the validity of the report data may be questioned and explorations to assess cross-setting reporting differences begun (Garbarino and Crouter, in press). If no systematic correlational patterns emerge, the report data may be presumed to be unreliable--i.e., subject to overwhelming random error--given the legitimate assumption that there are "sociological" correlates of child maltreatment (Parke and Collmer, 1975). Following is a description of one procedure which focuses on reports by community sub-areas. It will be described in the next section, using work in Douglas County, Nebraska, as an illustrative case study.

"Screening Neighborhoods for Intervention" is a project which has attempted to pinpoint "high risk" and "low risk" neighborhoods, using actual and predicted rates of child maltreatment. The goal of this series of studies was the development of a multivariate model of the correlates of child maltreatment. The research focuses on sub-areas (N=20) (e.g., planning department program areas) and census tracts (N=93) within a single county, including urban and suburban areas. The data include: (1) child maltreatment rates per 1000 families (reflecting current views of maltreatment as a symptom of family pathology) provided by local and state child protective services; (2) socioeconomic and demographic data from the 1970 census report and 1975 update; and (3) neighborhood and attitudinal items from research by Omaha's Center for Applied Urban Research (CAUR) within twenty community sub-areas. Based on previous analyses (Garbarino, 1976; Garbarino and Crouter, in press; Garbarino, Crouter, and Sherman, in press) and a literature review, five factors were chosen as particularly relevant for inclusion in the analysis:

A. Percent of households with income less than $8,000.
B. Percent of households with income more than $15,000.
C. Percent female-headed households.
D. Percent married women (with children under 6) in the labor force.
E. Percent living in residence less than one year.

Child maltreatment itself was expressed as three variables, all generated by the reports:

A. Overall rate of reported child maltreatment per 1,000 families.
B. Reported child abuse per 1,000 families.
C. Reported child neglect per 1,000 families.

Because previous work (e.g., Banagale and McIntire, 1975; Garbarino, Crouter, and Sherman, in press; Benjamin et al, 1976) suggested that an adequate level of reliability and validity had been obtained in Douglas County's reporting system by 1976 (the period for which the data were collected), and because the analysis introduced statistical controls for possible socioeconomic bias, the data were judged to be adequate for the purpose of the screening procedure.

A series of multiple regression analyses were undertaken. The initial results are encouraging. In the study of 20 sub-areas within Douglas County, the five factors were found to account for a large proportion of the variance: 81% for total maltreatment, 77% for abuse, and 84% for neglect. Even after controlling for economic factors, the demographic factors accounted for a substantial proportion of the variance.

Table 1

Results of Multiple Regression Analysis for 20 Douglas County Sub-areas: Reports per 1000 Families

	Percent of Variance Accounted For		
	Total Maltreatment	Abuse	Neglect
Economic Factors	62%	43%	61%
Demographic Factors (controlling for economic factors)	19%	34%	23%

Data were compiled on the source of the report. These sources were then classified either as "close" to the family (e.g., neighbors and relatives) or as "distant" from the family (e.g., agencies and institutions). These data allow analysis of the percent of reports from each type of source as a function of the socioeconomic and demographic characteristics of the area from which the reports come. The ratio of distant to close sources provides a useful index for this purpose. Moreover, it is possible to examine the correlates of reported maltreatment separately for the rate per 1000 families reported by distant sources and the rate reported by close sources. These analyses can shed light on several important pheromena.

Table 2 presents the results of these analyses for the 20 Douglas County sub-areas. The results for the 93 census tracts parallel these results but are somewhat attenuated due to the small values which result in less reliable indices.

Table 2

The Correlates of Reporting Source for 20 Douglas County Sub-areas

A. Simple Correlations

		Percent of Reports from:*		
		"Close" Sources	"Distant" Sources	Ratio of Distant to Close
1.	Percent with incomes less than $8,000 per year	r = -.60	r = .60	r = .60
2.	Percent with incomes more than $15,000 per year	r = -.55	r = -.54	r = -.51
3.	Percent female-headed households	r = -.58	r = .58	r = .51
4.	Percent married women (with young children) in labor force	r = -.54	r = .58	r = .49
5.	Percent living in residence less than one year	r = -.27	r = .39	r = .43
6.	Overall rate of reported child maltreatment per 1000 families	r = -.52	r = .55	r = .61

B. Multiple Regression

	Percent Variance Accounted For:	
	Rate Based on Close Reports	Rate Based on Distant Reports
Economic Factors	40%	41%
Demographic Factors (controlling economic)	36%	34%

*Note: Some cases are unclassifiable from available records, thus the close and distant percent do not total 100%. Separate, though nearly sign-reversed identical correlations are thus presented.

The data may be usefully addressed to two questions: (1) Does the proportion of the reports from each source vary systematically as a function of socioeconomic and demographic characteristics? (2) Is the multivariate model different for the rates based on close vs. distant sources?

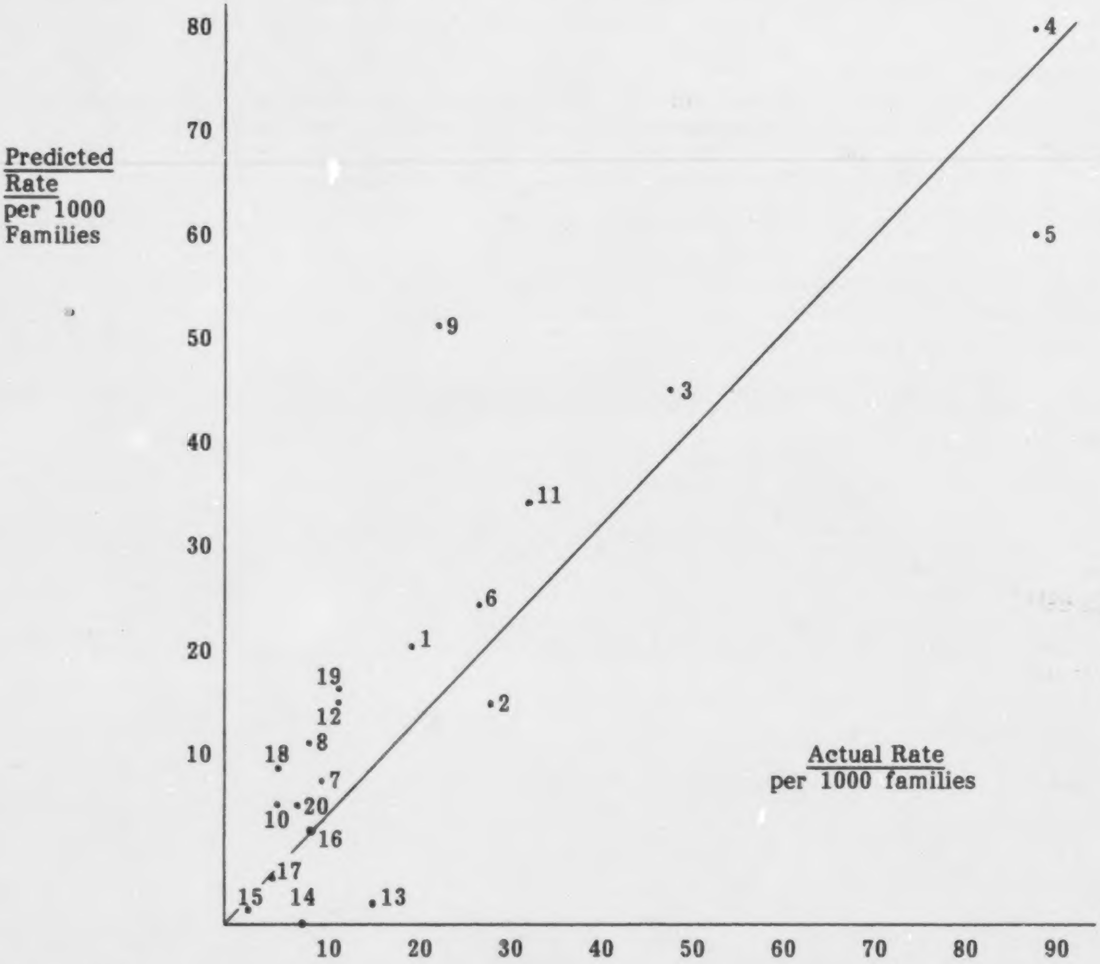
The results presented in Table 2 answer the first question in the affirmative. In general, the proportion of reports coming from close sources varies directly as a function of socioeconomic level. The economically richer the area the more likely it is that a report comes from a neighbor, relative or other source close to the family. In low income areas reports are more likely to come from institutional, "distant" sources. Similarly, the demographic variables which are positively correlated with the overall rate of child maltreatment—stress in the maternal role, transience, etc.—are positively correlated with the likelihood that a report comes from distant sources. Indeed, the correlation between proportion of reports coming from a distant source and the overall reported rate of child maltreatment is high (r=.55).

Addressing the second question, the results of the multivariate analyses reveal very similar correlational models for the rates based on reports from close vs. distant sources. These results, when coupled with the findings presented above, suggest that the rate of socioeconomic bias in reporting may be more complex than previously thought. A simplistic model of socioeconomic bias would suggest that the correlates of maltreatment should be substantially different for rates based on distant vs. close sources since the former is presumably biased while the latter is not. In fact, impressionistic reports from local child protective services and law enforcement personnel stress that persons from the low-income (high rate of maltreatment) areas are less likely to report ("rat on") their neighbors and relatives. This hypothesis is consistent with the data. It sheds a different light on the "bias" in reporting which leads to a greater probability of a person from a low-income, demographically stressful context being reported by an official, distant source. This hypothesis deserves further study since it may provide an important insight into the community context of child maltreatment.

These analyses provide a basis for "screening" the 20 areas. The multiple regressions generate a predicted rate (based on the socioeconomic and demographic factors) which can be compared with the actual rates. Figure 1 shows the actual rates for total maltreatment plotted against their predicted values.

Figure 1:

Actual Rates of Total Child Maltreatment (per 1000 families) Reported: Based on Multiple Regression Equation Containing Socioeconomic and Demographic Factors for 20 Douglas County, Nebraska, Sub-areas (1976 Child Protective Services Report Data)*



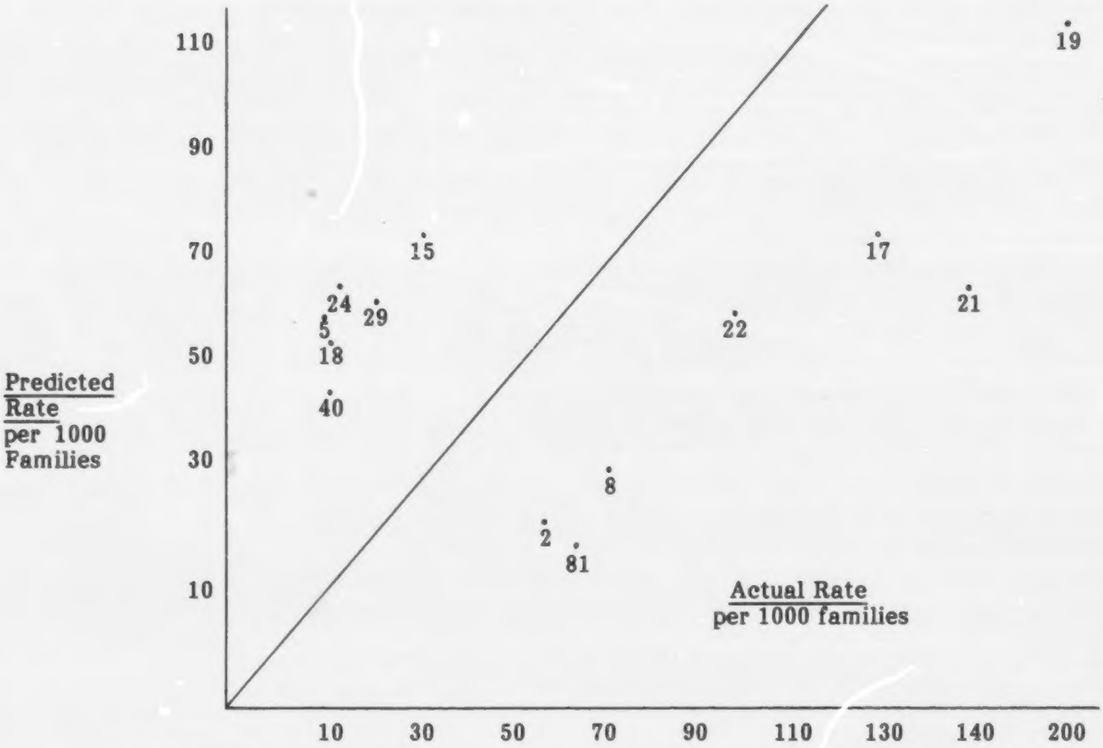
*Numbers indicate sub-area identification codes

As can be seen, most values fall quite near the diagonal line indicating a close correspondence between predicted and actual rates. Several areas, however, are highly discrepant, indicating that, based on socioeconomic and demographic data, they are "high" or "low" risk areas of the county. The policy implications are clear. Once identified, these discrepant areas can be investigated in depth to determine the source of the discrepancy, and, where appropriate, intervention can be undertaken. Investigation in areas with lower than predicted rates may show (a) that reporting is not adequate and/or (b) that particularly effective "family support systems" counteract the influence of socioeconomic and demographic factors. In those cases where the actual rate is far greater than predicted, different hypotheses are generated: (a) there may be particularly stressful circumstances in the area and/or (b) family support systems may be inadequate. The "procedural" hypothesis, that these differences are associated with differential rates of substantiation of reports, must, of course, be tested.

This screening procedure was applied to Douglas County's 93 census tracts as well, and the findings parallel the results for sub-areas, although the correlational relationships are somewhat attenuated due in part to the greater lability of the maltreatment rates for the smaller geographic units. Figure 2 shows the plotted total maltreatment rates against the predicted rates for the census tracts. It is important to remember, however, that sub-areas and census tracts are not neighborhoods in the psychosocial sense and hence our model still lacks an exact ecological framework mirroring the local phenomenology of the community.

Figure 2:

Predicted and Actual Rates of Total Child Maltreatment (per 1000 families) Reported:
Based on Multiple Regression Equation Containing Socioeconomic and
Demographic Factors for 93 Douglas County, Nebraska, Census Tracts
(1976 Child Protective Services Report Data)



The value of the multivariate screening process is that it pinpoints the problematic areas. In other parts of the country, variables other than the five cited here may be found to be more useful in the analysis. Once a "diagnosis" is made, specific intervention programs can be implemented, depending on the area's needs: e.g., a campaign to improve reporting, a human services field office, a job training program, or a community activities center. Researchers may find this approach useful in identifying contrasting settings in which to conduct observational and interview studies of family functioning.

A local agency may find it useful to take action based on the data dealing with the source of the report. Such an approach could identify areas in which reports come largely from institutional sources, such as hospitals and social service organizations ("distant" sources), and those with reports from personal and social sources, such as neighbors and family ("close" sources). Investigation of areas with high and low actual vs. predicted values may be aided by a simultaneous assessment of reporting sources, the strength or inadequacy of local service organizations, and the extent of family support systems.

Report data on child abuse and neglect cases have great potential for the child protective service agency attempting to effectively serve its area of jurisdiction. Given that reporting occurs at a valid and reliable level across sub-units in the area of jurisdiction, the agency can make use of the wealth of information contained in the reports. Moving beyond merely estimating incidence, useful research is needed on "the ecology of child maltreatment"—the complex interplay between individual, social, and institutional dynamics operating in the community. Using report data and supplemental census and local statistics, an agency can perform regression analyses to (a) screen neighborhoods for areas of high or low risk in child maltreatment, (b) explore the sources of reporting, and (c) research the differing ecologies of child abuse and child neglect as they occur in the local area. This approach will allow service and policy groups to work directly with the research community to develop more effective prevention and treatment of child abuse and neglect. As a systematic method of policy-oriented research is applied to different communities, we will begin to piece together a fuller picture of child abuse and neglect, a significant indicator of the quality of life for children and families in contemporary American society.

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Using Needs and Resources Assessment Data to Plan Resource Development and Coordination

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BACKGROUND ON THE PROJECT

The Child Abuse and Neglect Resources Demonstration (CANRED) Project was approved on January 1, 1975, for an initial six-month planning period as a resources demonstration project. Because of the evaluation focus and broad scope of exploratory research, the Project was later recategorized by HEW's Office of Child Development as a research and evaluation project. CANRED is funded by the National Center on Child Abuse and Neglect, and is administered by the Texas Department of Human Resources, Office of Planning and Management Systems, Special Projects Bureau.

The goal of the CANRED Project is to contribute, at both the regional and state office levels, to the Texas Department of Human Resource's ongoing efforts toward identifying, investigating, treating, and preventing child abuse and neglect. The Project's goal is to be achieved through the following objectives: to evaluate the Department's computerized central registry of child abuse and neglect cases; to evaluate the Department's public information campaign on child abuse and neglect; to develop a procedural guide for protective services needs and resources assessment by developing and testing an assessment methodology in six representative counties; and to develop a procedural guide for resource development and coordination by reviewing the literature, other efforts in this area, and the efforts of the local staff in the six representative counties.

Both evaluations, as identified in the first two objectives, have been completed. This workshop focuses on current CANRED developments toward completion of the last two objectives.

PROBLEM CONSTRUCT

The problem upon which the CANRED Project's work in the area of needs and resources is focused can be stated as the lack of an effective and efficient process to identify, address, and meet individual client needs. Specific deliverables of the Project have been produced to address several major inadequacies observed in the operation of the service delivery system in its flow from identified need to met need.

PROBLEM CONSTRUCT

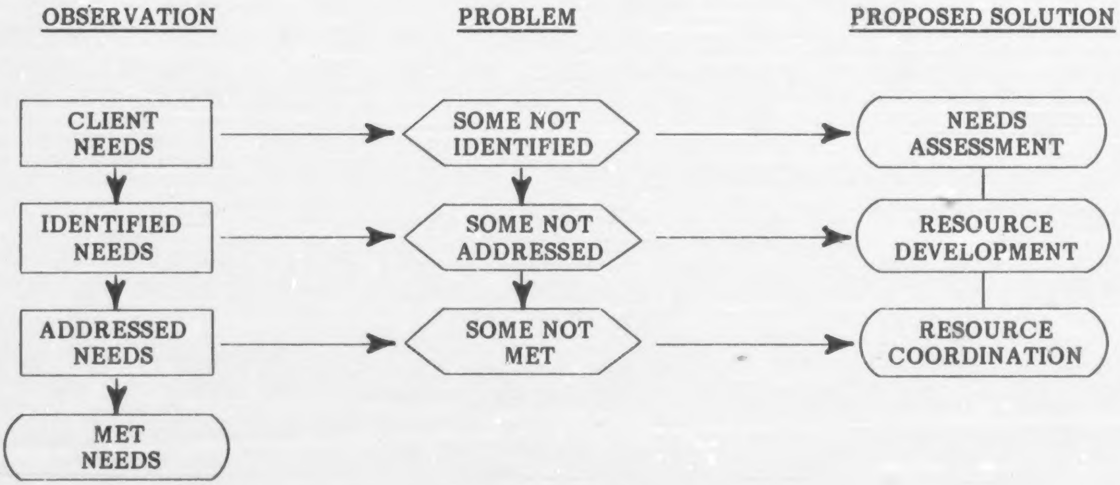

Figure 1. Problem Construct

In the observation of individual client needs, often they are identified by the service delivery system, but in many instances they are not. A methodology for needs assessment has been developed by the Project to more systematically and more accurately identify needs.

However, of all the needs identified, some are addressed and some are not. Since the lack of resources is a major source of this aspect of the problem, resource development is necessary to reduce the instances of needs identified but not addressed by the service delivery system.

Of the needs addressed, some remain unmet. Since much of this aspect of the problem originates in the ineffective interaction among interrelated service providers, more systematic resource coordination is an essential part of any solution.

The concept of this portion of the Project is a systematic approach from the identification of needs and resources through resource development and coordination to an improved delivery system. But this systematic approach is not that simple. What is required is a process that is more specific, more detailed, and more practical than is found in the current literature on needs and resources.

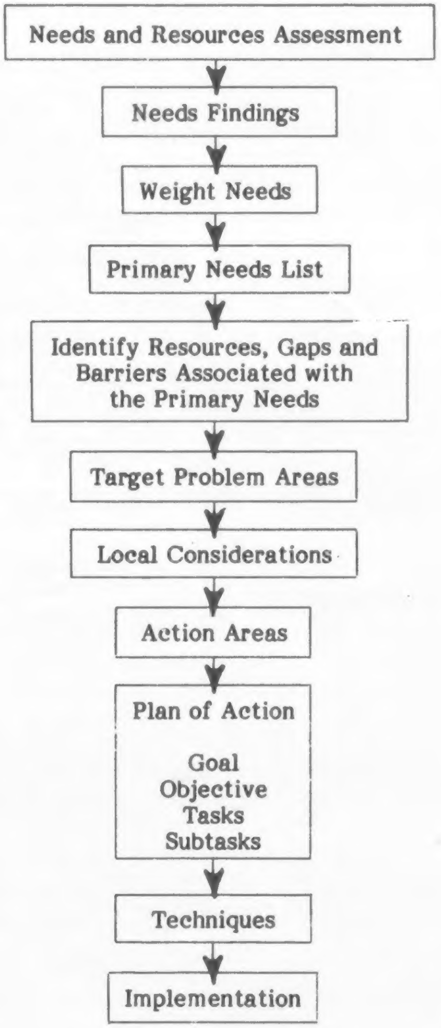

Figure 2. An Overview of a Systematic Approach to Resource Development and Coordination

NEEDS ASSESSMENT

The first step in this systematic approach, as designed by the CANRED Project, is a needs and resources assessment. The purpose of the assessment is to identify the following: the needs of abused and neglected children and their families in the community; the resources available or potentially available to meet those needs; the barriers to the utilization of available resources; and the gaps or service needs for which no resources exist.

In seeking this information, an immediate issue is raised by the question, whom do you ask? It can be assumed that as the experiences and perspectives of different groups of respondents vary, so may their responses. Therefore, to get a comprehensive view of the community's definition of needs, data must be collected from various sources throughout the community. The data sources included in CANRED's methodology are as follows: protective services delivery staff; protective services clients and client groups; delivery staff of other resources; protective services case records; political and community leaders; and leaders of voluntary organizations.

The needs and resources assessment methodology must be designed to allow for the best feasible information from each data source. The data collection techniques included in the CANRED methodology are interviews, self-administered questionnaires, and case reading. For each data source, the choice between the interview and questionnaire is dictated by considerations of staff, time, and other resources available.

Clients	Reflected basic subsistence type services and job related services such as housing
Primary Service Providers	Reflect those services required for documentation of services they provide (Example: court related services.)
Secondary Service Providers	Each resource looked beyond those services provided by their own agency
Leaders of Voluntary Organizations	Service needs indicating those services commonly used by middle-class families (Example: alcohol, drug abuse, marital counseling.)

Figure 3. Needs

When CANRED tested the methodology, the findings from different data sources did in fact reflect their differing perspectives. So whose opinion counts and how much? How do you determine what the "real" needs are if each data source provides a different list? Recommended is a process of aggregating an overall list of needs across data sources. The assignment of weights to each data source is basically a subjective judgment, but it can be systematically applied to reflect a sort of "consensus." In the CANRED application of the methodology, the weights are assigned in proportion to the judged level of knowledge of child abuse and neglect. To obtain the primary needs list, the aggregated listing of the ten most important needs of the community's abused and neglected children and their parents, the following weights are recommended by CANRED: protective services delivery staff - 30; protective services clients and client groups - 25; delivery staff of other resources - 25; protective services case records - 10; political and community leaders - 5; and leaders of voluntary organizations - 5. The top ten needs listed by each source are scored and the scores combined for the primary needs list, with needs in rank order by their aggregate score.

Once the primary needs list is obtained, the needs and resources assessment findings on the resources, barriers, and gaps associated with each primary need are reviewed. With these additional data factors, the primary needs list becomes the list of target problem areas, or the ten top needs, each with its respective available and potential resources, barriers, and gaps.

LOCAL CONSIDERATIONS

The list of target problem areas is the final product of the needs and resources assessment, but it is not sufficient for determining the action areas, or which of the target problem areas should be addressed. The other factors to be taken into account are local considerations. These local considerations are factors which could influence the feasibility or likelihood of success of specific efforts planned. Local considerations, as conceptualized by the Project, fall into the areas of personnel, costs, socio-political environment, and legislative and administrative regulations.

Personnel

A primary consideration in any attempt at resource development or coordination is the agency personnel who will be involved in the effort. For resource development and coordination efforts to be successful, the importance of this area should not be underestimated, as personnel considerations will have a direct influence on outcomes. The specific aspects of personnel considerations for review are job functions, level of staff involvement, staff time, and the locus of decision-making.

Job Functions. The job functions of the personnel charged with responsibility for resource development and coordination will affect the outcome of the effort. In the planning process, the following questions should be addressed:

1. Will resource development and coordination staff perform other job functions? (CANRED found that to combine direct delivery functions with resource development and coordination is difficult because of the priorities of crisis cases. However, on a planned basis, it could also be viewed as a stress relief for direct delivery staff.)
2. Is someone designated with responsibility for insuring that resource development and coordination are carried through and that findings are validated?
3. Are the roles and responsibilities of staff at each level clearly defined and mutually understood and recognized?

Level of Staff Involvement. Since all levels of personnel may be involved in various aspects of the resource development and coordination activities, efforts should be made to engage all agency personnel in a commitment to and consensus on this effort. Agency staff must clearly understand how efforts toward resource development and coordination will be useful to them in performing their jobs. This is particularly important for staff involved with direct service delivery.

Staff Time. Resource development and coordination is not a short term process. Success may be achieved only after many months or sometimes years of planned and consistent effort. Therefore, on a long-term basis, sophisticated service integration will require a considerable investment in staff time. It is imperative that the scope of activities planned be realistically set to allow adequate personnel time to complete the activities.

Focus of Decision Making. The question here is what decision-making authority will those with the resource development and coordination job functions have? The answer to this question has implications in a variety of areas, including the credibility of the effort, the likelihood of success, and the appropriate scope of activities to be selected.

Cost

Cost is another major area of local considerations that should be examined prior to resource development and coordination efforts. Important factors regarding the cost of resource development and coordination include known sources of funding, potential sources, and funding restrictions and limitations.

In reviewing known sources of available funds, considerations should be given to both internal and external sources. It is important to identify which agencies and individuals have access to funds, and also the extent to which funds are fixed or are negotiable. Known sources of funding will constitute a stable base for expenditures to conduct resource development and coordination.

Data collected in the needs and resources assessment on potential levels of service commitment by voluntary organizations partially addresses the topic of potential sources of funds. Potential funds added to known funds defines the upper limit of expenditures that can be planned for resource development and coordination.

A realistic appraisal of funds available for resource development and coordination requires the identification of all restrictions and limitations of fundings. It is important to recognize that the stability and time limitations of funding sources may vary, that some funds will require local matching funds, and that acceptance of funds often mandates compliance with specific regulations and other requirements.

Socio-Political Environment

A third area of local considerations for review is the socio-political environment. Information about three groups within this environment is particularly relevant--the community as a whole, advocates, and political leaders.

In regard to the community, specific information for planning resource development and coordination activities would begin with the extent, origin, and focus of community support for such efforts. Also important to know are the dominant characteristics of the community (i.e., conservative, liberal, socio-economic distribution, ethnic composition), and any currently sensitive or controversial issues. Planning can be improved by a consideration of the success of related past efforts and of specific indications as to the most appropriate timing for attempting the particular project planned. Also, an objective study should be made of the potential benefits to the community and the visible outcomes of the planned efforts.

Advocates as a socio-political group must be analyzed to discover who has a vested interest in a particular resource development and coordination effort and can assist in obtaining support for it. Sources of potential advocates (e.g., parent organizations, civic groups, school officials, boards, as well as previously unknown or unconsidered individuals) can come from any sector of the community.

Political leaders should be examined for extent to which they are the actual leaders of the community. Their power bases and channels of communications also need examination. One should also pay attention to individual perspectives and interests such as political affiliation, pet projects, philosophy toward the poor and government, and possibly relevant campaign promises. In working with these leaders, emphasis can be placed on any of their previously expressed priorities that are supported by findings.

Legislative and Administrative Regulations

Legislative and administrative regulations comprise the fourth area of local considerations which needs to be reviewed to select action areas. All publicly funded resources function under various legislative and administrative regulations that are often very complex and comprehensive. Familiarity with such regulations is important for the continued operation of all affected agencies in the community. One must be aware not only of internal policies, procedures, regulations, and restrictions that could impact upon resource development and coordination efforts, but also relevant federal regulations, regulations of other agencies, and state and local laws and ordinances that are in effect or proposed. To ignore these realities is to risk the success of the effort planned, or, at best, to increase the expenditure of resources required.

DEVELOPING A PLAN OF ACTION

By screening the target problem areas through the review of local considerations, feasible action areas are identified. The next step in the process is to develop goals and objectives for dealing with each action area. Goals should be developed first, and related objectives then delineated for achieving each goal. The objectives should be concise, realistic, and measurable, so that progress in accomplishing them can be easily evaluated. The objectives should focus on the problems in each action area.

As an example of the goals and objectives concepts, if a gap in socialization programs is an action area, then a goal could be "to develop a socialization program for abused and neglected children and their families." An objective to achieve this goal could be "to initiate a Parents Anonymous chapter."

After goals and objectives for a particular action area have been clearly defined, it is important to delineate specific tasks for accomplishing each objective. Tasks should be specific, and personnel responsible for a specific task should be clearly identified. A realistic schedule for completion of each task should also be established. For the objective "to initiate a local Parents Anonymous chapter," a task might be "to identify clients interested in participation," which would be accomplished by a particular unit of the local protective services staff between 10/1/77 and 10/31/77.

To insure that the goals and objectives for the plan of action remain clear and focused, formal tools such as a management by objective form and tracking schedule can be maintained for each action area addressed. In order to monitor progress, the tasks delineated on the tracking schedule should be reviewed and assessed on a regular basis. This periodic review allows for appropriate changes to be made, such as rescheduling, reallocation of staff, or the delineation of additional tasks.

TECHNIQUES FOR RESOURCE DEVELOPMENT AND COORDINATION

There are two basic techniques for resource development and coordination: information sharing and establishing support. Neither of these techniques is new; their planned use in a goal-oriented, systematic approach to resource development and coordination is. These techniques are, in essence, strategies for establishing the environment necessary for effective resource development and coordination.

Information Sharing

Information sharing is the most important component of a resource development and coordination plan. CANRED defines information sharing as an ongoing and established system of communication that involves staff at all organizational levels communicating on all aspects of service delivery. Most techniques used to achieve resource development and coordination include some form of information sharing. Though not a new concept for service delivery organizations, it is seldom formally delineated as a function of staff at any level. In order to be effective, information sharing must be a well-established and ongoing process.

The CANRED Project contends that the primary protective services resource agency in the community should take the initiative and responsibility for both internal and external organization of an information sharing system for protective services. Acceptance of this responsibility involves a strong commitment, both philosophically and in terms of resources. However, the importance of information sharing in achieving resource coordination and development goals cannot be ignored. The following sections will describe the essential elements of an effective information sharing system.

Internal Information Sharing. In the context of a service delivery agency, internal information sharing is the exchange and coordination of information among all areas and levels of staff within the agency, including administrative, support, and service delivery staff. Information on all aspects of operations, including goals, objectives, programs, services, service needs, constraints, and barriers to service delivery should be shared. To be fully effective, internal information sharing should include both informal and formal communication.

Information sharing through informal communications often originates in a social context at coffee or lunch. To the extent to which informal communications enable staff to increase their mutual understanding, respect, and trust, it also improves the possibilities for more effective formal communication. Informal communication is unstructured and may seem superficial, but the resultant improvement in staff relations helps to avoid the misunderstandings and polarizations that often occur in the formal setting.

Formal communication for information sharing can occur internally through contacts specifically arranged for this purpose. Planning for information sharing should include the allocation of adequate staff time and resources. The information sharing system must be designed to integrate administrative, support, and service delivery staff so that all are working toward common goals and objectives.

External Information Sharing. The successful establishment of an information sharing system within an agency will also enhance communication outside the agency. External information sharing, as it applies to a service delivery agency, is the exchange and coordination of information with any extraagency group or individual directly or indirectly related to the service delivery system, including other current and potential service providers, clients, civic organizations, and the community at large. Many of the principles discussed in regard to internal information sharing also apply to external information sharing, including the concepts of formal and informal communication. Effective external information sharing involves all levels of staff and addresses all aspects of service delivery. The most important requirement for external information sharing is the formal establishment of this function with adequate levels of priority and resources.

Strongly emphasized in the literature is the importance of information sharing with clients. Client input to the service delivery system is essential. Title XX requires client participation not only in needs assessment but also in the process of planning programs to meet identified needs. Clients also have a key perspective for feedback on the effectiveness of past efforts for resource development and coordination. Feedback from clients can be obtained through a formal data gathering process designed to determine clients' needs and problems.

Public Relations. Information sharing is vitally important in the area of public relations. Public relations with the community increases understanding and support of the agency's role and improves its public image. Public relations with community and political leaders is a key factor in achieving goals for resource development and coordination, and informal contacts are very effective in these cases. Building relations and establishing rapport with political and community leaders is a slow and time-consuming process, but one that has many long range benefits. Formal presentations, media materials, talk shows, and public forums can be effectively used to share information with the community and thereby improve the agency's public image.

Establishing Support

Internal. Establishing support is the second basic technique for resource development and coordination. It requires considerable investment in resources and staff time. Support for planned resource development and coordination efforts must first be established within one's own agency and its board, if any. This means developing a formal system for achieving consensus, obtaining formal approval, obtaining direction, and providing systematic and continuous feedback on progress and problems. In relation to the board, establishing support consists of obtaining formal approval, defining membership commitment and potential avenues of support, and obtaining feedback on progress and problems. Support from agency staff and the board should be established before soliciting support from outside sources. Once formal approval and active support of the staff and the board have been obtained for a particular resource development and coordination effort, frequent communication is necessary to insure its continuity.

External. Establishing external support for resource development and coordination efforts is equally important to the agency. The contact with clients through service delivery provides the opportunity to involve the clients in planning, evaluating, and hopefully, supporting services. The opportunities for support by clients of resource development and coordination efforts can also be enhanced through communication with and involvement of client advocate groups.

One of the most effective techniques for establishing support and early commitment to specific problems is through individual direct contact. Since this requires a great investment of time, its use should be balanced against the benefits that can potentially be incurred. Individual contact can be effectively utilized to gain support from any segment of the population, but, realistically, the use of this technique will usually be limited to those individuals most directly affecting the planned activities for resource development and coordination, such as political leaders, funding sources, advocate groups, and service providers.

Meetings are one of the most obvious and often used techniques for establishing support for planned resource development and coordination efforts. Meetings allow personal contact, interaction, and availability of first hand knowledge to many people while minimizing time and energy expenditures. Meetings can serve as a mechanism for public information, thereby increasing support of planned efforts. Different philosophical positions, levels of commitment, roles, and expectations can be shared and consensus sought through the group process.

While meetings can establish much of the credibility and support of individual contacts, group communication has its own unique dynamics. Prior plans, goals, or objectives may well be modified through the group process. Meetings involving different interest groups offer opportunities for coalition, but also risks of polarization. Also, it is important to plan followup meetings to identify progress and problems.

The use of media is an excellent method of getting relevant information on current and planned efforts to the general public. However, be aware that this may have either a positive or a negative influence on efforts to establish support. The impact and scope of the media should not be underestimated. Despite the possible negative effects, however, media is valuable because it reaches virtually the entire community with information and solicitations of interest, and thereby promotes active community response.

IMPLEMENTATION

The actual implementation of resource development and coordination plans can take place through a number of alternative arrangements. The determination of which arrangements are used will be a logical consequence of the entire resource development and coordination process that has occurred up to this point. Implementation is a formal process of goal attainment, the actualization of the plan of action. The formal arrangements to be produced include cooperative interagency agreements, formal contracts, and funding arrangements. These constitute specifically delineated agreements for shared responsibilities for services. As they are tested, strengthened, and proven, these formal arrangements move toward the status of institutionalization; they become an accepted and fully utilized part of the community's ongoing service delivery system. It is the contention of the CANRED Project that the CANRED process for resource development and coordination, with its systematic and objective approach and use of community involvement, will significantly increase the success of resource development and coordination efforts.

Central Registries and Reporting Systems

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The Children's Division of the American Humane Association has, since its inception, provided leadership to the nation in child protective services. One of the services provided by the association has been in the area of research concerning the nature and causes of child neglect and abuse.

Early research by the division indicated that a great need existed in the nation for a national data gathering effort to permit better understanding of the nature, incidence, characteristics, consequences, and related data on this great problem.

Beginning in 1957, the first of the continuing series of state of the art surveys in child protective services in the United States was completed. A follow-up study was made in 1967 to highlight the continuing nature of the problem and to pinpoint needs for the next decade. The third in the series, "Child Protective Services in the United States, 1977," is now in progress.

The 1967 survey indicated that few states had systematic plans for gathering data on the problem. By 1970, only 19 states were required by law to maintain a central registry. In 1972 and early 1973, this number increased to 29. In these, however, the responsibilities were often shared by several agencies. While most states placed the central registries in the state departments of social services, two placed them in the health services department, and two others assigned the registers to law enforcement or justice departments. While today only one or two states do not mandate a central register, this division of responsibility still exists with some reporting still going to the departments of health and some to the justice departments. The increase in state requiring a central register during the last five years has been gratifying; the process of translating a legislative mandate into a well-organized, responsive system has not yet been completed.

At the time of the second survey most states required reporting of abuse only, and in many cases as an extension of criminal law rather than as a process of defining social need. At present, our summary of national reports indicates that only eight states do not include neglect in their reporting requirements.

Legislation concerning children's services reflected a similar wide diversity in the decade of the sixties. A Children's Division survey of legislation in 1964, followed by an update in a 1966 survey, led to the widely accepted report "Child Abuse Legislation in the 1970's." This was revised and reissued in 1974, and a current revision is now being made.

Perhaps the most dramatic study was the publication in 1969 of "Protecting the Child Victims of Sex Crimes Committed by Adults," which dealt with the extent of sexual abuse to children. This report reflects three years of research into the problem. An in-depth examination of records in police administrations, hospitals, social agencies, and juvenile centers revealed that the incidence of sexual abuse in New York City for the study's three-year period exceeded the total number of all cases of child abuse reported to the official system in the state for those years. Unfortunately, the situation today is little better. Sexual exploitation and abuse are still of massive proportions in the nation, and are virtually unreported and unrecognized by the "gatekeepers" of our delivery systems.

These research efforts clearly indicated the need for a central data gathering system based on a common reporting form and using standard definitions. Such a system was proposed to the Office of Child Development, Children's Bureau early in 1972. At that time interest in this project was great but funding was nonexistent. However, as national interest in child protective services increased requests for data became more insistent, and the project was funded on a six-month exploratory study in 1973, the year before the National Center for Child Abuse and Neglect (NCCAN) was established under Public Law 93-247. This initial period was devoted to planning the system and developing the first reporting form, Standard Form 0023. Every state reporting form that existed at the time was studied, and the best features of each selected. A meeting of representatives from all states was held in Denver to resolve details of the program. Forty-four states sent representatives to the planning session. The standard form was printed and issued, and official reporting began in April, 1974. From the initial dozen or so states that participated at the time, the number grew to 23 by the end of the year.

When the results of the first year's operation were reviewed, several problems were isolated. The length and bulk of the original form created problems in filing and handling. An analysis of returns indicated that many questions were redundant. A meeting of the advisory committee to the NCCAN Clearinghouse was held in early 1975 to revise the form, and the present 0024 form was the composite of the suggestions. This form was distributed for use in mid-1975. Minor editorial corrections have been made, but the basic material remains unchanged. At the present time the form is used by 32 states, and five other states submit data in magnetic tape form, based on forms similar to ours.

The national study is deeply involved in the development and refinement of state central register systems. The basic decisions each state faces when entry into the national study system is considered are such questions as:

1. Which individuals or members of classes are mandated to report?
2. What provisions are made to insure confidentiality of data?
3. Is the emphasis to be placed on 24-hour retrieval capability and the tracking aspects, or upon the quality and accuracy of the reporting for management purposes?
4. Is the responsibility for conformity to reporting requirements to be placed in a state central location, or with the supervisors at the district or county level?

Data for the years 1974-1975 have been summarized in two brief reviews, "Highlights of the Data for 1974" and one for 1975. Detailed tables are available for serious researchers.

At this time, we are conducting an intensive systems analysis to determine if response time can be dramatically shortened, and if data files can be restructured to permit almost immediate cross-tabulations by state or county for any variable desired by the research group interested in the data.

The national reporting system today represents notable improvement over the state of affairs in 1972-1973. There remains, however, much to be done to arrive at the established goal of a uniform reporting system based on common definitions of elements and on complete coverage by each state of its counties or districts, and the extension of reporting to include neglect in each state. Goals for the remainder of the grant period, through December 31, 1977, are to encourage remaining states to participate in the program in the form best suited to each state's capabilities, to encourage all participating states to include neglect in the reporting, and to provide technical assistance to states, thereby enabling them to have complete coverage of reporting within the state.

As the concepts of the central register options presented by the National Institute on Community Development become known throughout the nation, the national study staff will be available to provide technical assistance in planning automatic data processing systems (ADP) where needed.

This consultation will include not only our own staff and technical advisors, but will include, through our advisory committee members, assistance from specialists from other state agencies who have met and solved many of the problems that will be faced by states newly considering ADP applications to their central registers.

Our goal of a fully functioning national system by 1980 can be attained. The ideas and concepts developed and defined in this meeting and in the October, 1977 meeting in Washington, D.C., will go a long way in making our goal a reality.

The Central Registry: Help or Hindrance?

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"Where have we been and where are we going," is the theme of the Second National Conference on Child Abuse and Neglect--how appropriate for central registries! We probably should also add, "What have we done to our families and our delivery of services?"

Central registries have been or are being developed in most states partially in response to the requirement for meeting eligibility for state grants from the National Center on Child Abuse and Neglect. In many states, the establishment of a central registry has been accomplished without addressing some very vital questions or anticipating negative consequences.

Probably the most significant question and that which engenders negative reactions is: should names, addresses, and other identifying data be included on a central registry? Before answering that question, it is necessary to define what is a reportable case of child abuse and neglect and to define the function of the central registry. Many state systems currently house several thousand names of abusing and neglecting families. These families' problems may range from a custody battle to the death of a child, but the names are all on the same registry.

How can a name or even a statistic on a central registry have any meaning when there is such confusion as to what constitutes child abuse and neglect? When does discipline become abuse? What is emotional abuse and when does it occur? Do not most of us at some point inadvertently emotionally abuse or maltreat our children? Did we escape the central registry system merely due to circumstances of time and place?

Some states require every complaint of child abuse and neglect be reported to the central registry and an immediate investigation initiated. The initial report would then be followed by an interim or final determination. The worker investigating the case must attempt to fit that family's problem into a specified category of either "founded" or "unfounded" abuse or neglect. If the complaint was based on an isolated incident in which a situation of minor maltreatment actually did occur, it, in all honesty to the system, must be submitted as a founded report. For example: frustrated over a child's lies, a parent strikes the child across the face. In dismay, the parent realizes the blow left a handprint on the child's face. Someone calls in a complaint upon seeing the child's face. The worker investigates--there are indeed physical signs of abuse. The worker has little room for choice--the report relates to the incident, but...It is the "but" that causes such anxiety for workers. Does this isolated incident justify the family's name remaining on the central registry until sometime after the child's eighteenth birthday, as is the case in some states? Whether or not that family's name goes on the central registry depends more on the particular worker's decision whether or not to strictly follow the policy. The family is at the mercy of the worker. In states where an unfounded report goes into the central registry, the length of time before it is purged varies from six months to an indefinite time after the report, depending on the state. Some states enter all reports into the registry but purge a report as soon as it is determined unfounded. It is assumed that if a second report comes in on a family which has an unfounded report on file, doubts will be raised about the first investigation. Or, it is sometimes stated that the unfounded report goes into the central registry for the purpose of establishing whether abuse or neglect actually occurred. The second rationale is the weaker of the two in assuming that the central office could determine whether or not abuse or neglect occurred without ever conducting an investigation.

Many states have procedures through which a family can request an amendment or purging of their central registry record. This, of course, also applies to unfounded cases. I question why a family who has suffered the agency-inflicted trauma of having its name submitted to a central registry as unfounded must endure further trauma of initiating and following through on the purging of the information. The more sophisticated may understand their rights and hope that the purging follows. However, all families falling into the category of "unfounded reports" live with the cloud that any future accident or confrontation with their child will result in a determination of founded abuse. Is it the registry's intent to disrupt the normal functioning of innocent families?

If the worker submits the earlier described example as a founded case, what positive purpose does it serve? It increases the statistics by one more case. That statistic is now in the system alongside the severe and chronic cases. Some systems do distinguish between serious and nonserious cases. The American Humane Association, reporting on its Study for 1975, indicated that 51.3 percent of abuse cases in the study resulted in minor injury or no visible injury, and that 32.8 percent were unspecified. That means only 15.9 percent of the case reports the American Humane Association received represented known severe cases (neglect was not broken down by severity). The 15.9 percent (and possibly some of the unspecified 32.8 percent) represent families who seriously need protective services. However, caseworkers are swamped attempting to provide protective services to the 100 percent that are categorized as abused plus those who are neglected. This results in inadequate service to those in need.

Do we not inflict family crisis on those we categorize and place on central registries as abusing and neglecting families without providing adequate supportive services? It is necessary, therefore, to define what is a reportable case of abuse and neglect and look at it in terms of the purpose of reporting.

The purpose of reporting and the function of the central registry must constantly be addressed and readdressed. It is a mistake to constantly feed information into a central registry without regular reevaluation as to whether the information is necessary, or, more importantly, whether the information has positive or negative effect on delivery of services to abused and neglected children. The various functions of central registries are: (1) "tracking" families; (2) assisting in the diagnosis of cases of abuse and neglect; (3) case management and monitoring; and (4) providing statistics for research and program planning.

The first three functions require inclusion of identifying data such as name and address in the central registry. At this point, we should address the pros and cons of each function.

TRACKING

The earliest stages of the concept of central registries was based on the need for a tracking system. Statistics on which to base the success or failure of such a system have not been documented. However, certain issues must be addressed. First, have not social service agencies for years contacted the agency in a family's prior jurisdiction concerning previous contacts with a family? It is doubtful that the value of having this information on the central registry outweighs its disadvantages. Even if 10 out of 31,000 cases were tracked through the central registry, does that justify the other 30,990 names being maintained? Tracking does not commence until a new incident is reported. Therefore, it has little value in terms of prevention. If previous history is the issue, central registry information is scanty. Good social work investigation should produce more information than would be available through a central registry.

Second, families do not limit their transiency to within state lines. There is not a universal, reciprocal central registry nor do I think there should be (i.e., problems of confidentiality would arise as the network becomes mammoth). Again, there are no statistics on which to base any assumptions. However, reevaluation of the need for tracking should include how many of the cases on record have moved, and of those, how many are now out of state. Of those who have moved within the state, it should be determined how many have required an inquiry to the central registry as sole source for information.

Third, the rationale for tracking often addresses the assurance of continued contact with families who move to avoid agency intervention. This statement reflects an agency's confusion over its identity. Most protective service workers dislike and deny their role identification as being investigative or punitive. They prefer to be considered supportive. If a family moves solely because of agency intervention, then the agency should evaluate what it has done in terms of service and support. However, it is more often the case that a family has moved for economic reasons. The rationale based on moving solely to avoid agency intervention is weak.

ASSIST IN THE DIAGNOSIS OF CHILD ABUSE AND NEGLECT

Another function of a central registry is to assist professionals in diagnosing a case of child abuse and neglect. To use the central registry as a crutch for identification is dangerous. If a name is not on the central registry, a physician or other professional might doubt his or her own suspicions and not report. Conversely, if a prior report is on the registry based on one individual's interpretation, the professional may not investigate other alternatives to abuse and neglect. It is certainly not following the rule of innocent until proven guilty. Case consultation based on the immediate problems would be much more valuable.

CASE MANAGEMENT AND MONITORING

With the massive volume of case reports, case management and monitoring are next to impossible from one centralized location unless the system is computerized. With a computerized system it would be possible to monitor a case until it closes. Such monitoring, however, must be based on regular input from the local agency providing service to the family. In reality, supervisors within an agency should monitor cases in their workers' caseloads. To monitor a case from one central location would require inclusion of several variables such as services needed vs. services available and would require understanding the family in terms of its response to worker effort. It is a valuable program planning tool to be able to assess needed services vs. available services but this hardly requires identifying data in the central registry. It is more valuable to provide training and tools to supervisors so that they can efficiently monitor cases and conduct program needs assessments which then can be forwarded to the state.

STATISTICS

A function of central registries which require no identifying data is that of providing statistics for research and program planning. This function is probably the most justifiable rationale for a central registry. This function is totally unrelated to that of tracking, diagnosis, or case monitoring. With proper data inclusion, valuable demographic and epidemiologic data related to child abuse and neglect can result. Data can be analyzed for research purposes and possible further refinement of the definition and identification of child abuse and neglect.

Program planning can and should be based on the needs of the population served. For example, if data on a central registry could show a correlation between prematurity and abuse, a program could be developed based on that specific problem whether it be related to mother-infant separation or the difficulty of caring for a preemie. Also, if data showed a correlation between the hyperactive or learning-disabled child and abuse, a supportive program could be developed for parents of these children.

In addition, there is little danger in sending statistics on minor injury or neglect if only statistics are submitted. It is valuable to know if there exists a problem defining need for protective services vs. need for other family services.

We must stop the hypocrisy of saying we are protecting children and families. We speak of a nonpunitive approach to child abuse and neglect, yet our central registries with identifying data may put our children and families under greater stress than they were prior to registry. Are we not trying to reduce stress? If so, are we not defeating our purpose? Would not each of us fight a battle if our name was placed on the registry as we faced the daily challenge of raising our children? If the system was developed according to the age-old adage, "Do unto others as you would have them do unto you," I doubt we would need to have names and addresses on a central registry which has become the catchall for most parent-child difficulties.

We should use central registries statistically to assist in defining and designing programs and services to lessen child abuse and neglect.

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The State Central Register: Linchpin of a State's Child Protective Services Program

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The New York State Department of Social Services is responsible for supervising the child protective service program in each of the state's 58 social service districts. The Bureau of Child Protective Services, located in the department's division of services, has ongoing responsibility in this area. Additionally, the bureau maintains and operates the State Central Register for Child Abuse and Maltreatment with its toll-free telephone hotline, which is the linchpin of the state/local child protective service program.

THE ROLE OF THE STATE CENTRAL REGISTER

The National Center on Child Abuse and Neglect has defined seven areas in which a successful state central register operation can become involved. A central register which functions optimally must effectively do the following:

1. Assist diagnosis and evaluation by providing or locating information on prior suspicious occurrences and prior treatment efforts;
2. Improve handling of child abuse and maltreatment situations by providing convenient consultation to workers and potential reporters;
3. Refine diagnosis by providing feedback to those who make reports;
4. Measure the performance of local child protective services by monitoring follow-up reports;
5. Coordinate community-wide treatment efforts by monitoring follow-up reports;
6. Facilitate research, planning, and program development by providing statistical data on the handling of reports; and
7. Encourage reporting of suspected child abuse and maltreatment by providing a focus for public and professional educational campaigns.

A review of the activity of the Bureau of Child Protective Services and the register operation reveals that substantive progress has been made in most of these areas.

With regard to assisting in diagnosis and evaluation, state central register specialists seek maximum information from callers so that all names and information reported can be thoroughly cross-referenced. They immediately notify county child protective service staff if there are opened or closed cases on newly transmitted reports. When a previous report is found, the report is assessed for the purpose of making verbal summaries to local workers. The local child protective service unit is asked to watch closely those cases that show high risk factors in prior reports. The specialist summarizes past cases for initial use by a child protective service unit when a case is transferred from one county to another, since the register has excellent capabilities for facilitating transference of cases. Local workers are encouraged to submit information to the register that is succinct and comprehensive, and to keep in mind the goal of development of useful data. Most importantly, specialists listen and pass on any relevant information besides reportable matters that may help casework diagnosis intervention and treatment (e.g., other service agencies already involved, current family crisis).

Consultation to improve handling of child abuse and maltreatment is an important responsibility. The register is staffed around-the-clock for inquiries and reports, and specialists extend themselves in a friendly and professional way to all callers. They provide quality consultation based on training and past social service experience as well as their continuing, emerging knowledge which comes from the variety of situations to which they are exposed daily. The aim is to provide consultation that is realistic in light of prevailing professional, legal, and policy considerations, a fusion sometimes difficult to obtain. When an immediate answer cannot be given to a problem, the specialist will consult with a knowledgeable person within the bureau in order to gain clarification, and later respond. The specialist may also refer many people daily to other services after it is found that the caller is not seeking help for a child abuse/maltreatment situation, but for another problem that can be aided by other social services. This builds goodwill for the register and reinforces its focus as a helping operation. In all involvement with local districts, specialists reach for good working relationships with local child protective service workers in order to build mutual understanding in helping children and their families.

Refinement of diagnosis by providing feedback to those who made reports is currently done by referring reporters back to the local districts. A summary of findings is thus provided as required by the child protective services statute. Referral to the local district, though, while satisfactory for meeting this statutory provision, is not likely the best vehicle for refining the relevant diagnosis. Accordingly, new procedures will be explored and developed during the coming year.

Measuring performance of the local child protective service by monitoring follow-up reports is one of the register's most important functions. Specialists review each dispositioned and closed case coming from local districts to evaluate the quality of contacts and the appropriateness of the decision. The local child protective service unit will be contacted if the decisions and actions taken do not seem to be in the best interests of the children reported. Following consultation it may mutually be decided that the determination may stand or that corrective action is required. Local child protective service personnel are aware they must be able to give a reasonable account of what they do in cases. Concomitant with this, register specialists must follow through to get revisions when improper reporting and actions appear. Specialists must keep their program supervisors informed of unresolved individual case situations as well as pointing out discernible trends relative to local reporting and follow-up. Specialists must understand the system under which local child protective service personnel work so that an overall context is established for evaluative purposes. To that end, specialists are given an opportunity to review and comment upon the Annual Plan for the Provision of Child Protective Services for the counties they monitor.

With regard to coordinating community-wide treatment efforts by monitoring follow-up reports, the register does not accommodate this function except as it notes areas of inappropriate or inadequate follow-up, and brings this information to the attention of the local agency.

The register plays an important role in facilitating research, planning, and program development relative to development of statistical data. Specialists code information from dispositioned cases for eventual conversion into nonidentifying statistics. They are available, on a limited basis, to extract necessary information for an occasional research project. Specialists are committed to making accurate transcriptions so that statistical information is enhanced. In response to planning and development, specialists spontaneously make program suggestions and are asked for opinions based on their work experience. Because New York State's central register has one of the greatest storehouses of raw data on child abuse and neglect in the nation, officials hope that ultimately it will be used maximally for bona fide research purposes.

The register provides a focus for public and professional education campaigns and encourages the reporting of suspected child abuse and maltreatment. Specialists are not formally involved in educational campaigns, but they do as much as possible in their phone work to educate the public about the phenomenon of child abuse and maltreatment. Each day they receive many calls concerning the definition of child abuse and treatment activities. Specialists are limited to brief conversation but refer many callers to sources where they may receive more phone information or literature. Often, the register serves the point of introduction to the field. The Bureau of Child Protective Services and the department make available pamphlets on the reporting system and disseminate reporting guidelines and other information to the public. Most local districts in their own public education campaigns have used the register and its toll-free number as the focal point.

The role of the register specialist has expanded. The specialist must make countless professional judgments about many complex situations. The job is far from mechanical in nature, but rather calls for a high degree of resourcefulness and flexibility. The register is young and emerging, with certain areas remaining to be developed. However, it has fulfilled its early promise, and portends more effectiveness in the future.

OPERATION

The New York State Child Abuse and Maltreatment Register receives oral and electronic reports of suspected child abuse or maltreatment and monitors the provision of child protective services 24 hours a day, seven days a week. A statewide toll-free telephone number, 800-342-3700, is available for use by any person wishing to report cases of suspected child abuse and maltreatment. The register is also available through this number for authorized persons to determine the existence of prior reports in order to evaluate the conditions or circumstances of a child.

REPORTING PROCEDURES

All persons required to report and others wishing to report a case of suspected child abuse or maltreatment make initial oral reports to the register through the statewide toll-free phone number (except in those districts which were reauthorized in 1976 to receive reports locally, i.e., New York City, Monroe County, and Onondaga County. Local reports are then transmitted immediately to the state central register).

The specialist receiving the report obtains information from the reporting source, searches the register files for prior reports, and then immediately transmits all information to the appropriate local child protective service for its investigation and follow-up.

Each local department of social services has developed a system whereby reports transmitted by the state register may be received 24 hours a day, seven days a week. A person making an oral report of suspected child abuse or maltreatment must submit a written report on Form DSS-2221 (Report of Suspected Child Abuse and Maltreatment), used statewide, to the local child protective service within 48 hours of oral report. Upon receipt of this written report, the local child protective service must immediately send a copy to the state register.

INQUIRY SYSTEM

During 1976, there were 2,101 requests for information contained in reports maintained in the register. This compares to the 1,560 similar requests received in 1975.

Information in the register and in local child protective services is confidential and only available to:

1. A physician who has a child before him whom he reasonably suspects may be abused or maltreated;
2. A person authorized to place a child in protective custody when he reasonably suspects the child may be abused or maltreated, and requires information in the record to determine placement of the child in protective custody;
3. An authorized agency responsible for the care or supervision of a subject of the report;
4. Any person who is the subject of the report;
5. A court, upon finding the information in the record necessary for determination of an issue before the court;
6. A grand jury, upon finding the information in the record necessary for determination of charges before the grand jury;
7. Any appropriate state legislative committee responsible for child protective legislation; and
8. Any person engaged in bona fide research.

When an authorized person (e.g., physician, subject of a report, etc.) requests information from the register, the person's identity is verified before information is released. Whenever information is released, the status of the report is identified as "indicated" or "under investigation." Any person given access to identifying information from the register or from a local child protective service is informed that he may not make public such identifying information unless he is a district attorney and the purpose is to initiate court action.

AMENDMENT, EXPUNGEMENT, AND SEALING OF CONFIDENTIAL RECORDS, AND FAIR HEARINGS

All information obtained, reports written, or photographs taken concerning reports of suspected child abuse or maltreatment are confidential and can be released only to authorized persons as outlined above.

The local child protective service must notify the register within 90 days of the initial oral report as to whether the report is "indicated" or "unfounded." The register expunges unfounded reports by removing all identifying data from cross-reference files and reports. Written notice of the expungement of an unfounded report is sent to the subjects of the report and to the local child protective service. The copy of this notice is itself expunged after it has been established the subject has received notice.

The record of all other records to the register is kept on file and will be sealed no later than 10 years after the subject child's eighteenth birthday. A sealed record will not be made available unless the State Commissioner of Social Services, upon notice to the subjects of a report, approves.

Upon request the subject of a report is provided, by certified mail, a copy of all information contained in the register, except data which would identify the person who made the report or who cooperated in the investigation of the report if this would be detrimental to the reporter's or investigator's safety or interests.

The subject of a report at any time subsequent to the completion of the investigation may request the state commissioner to amend, seal, or expunge the record of the report.

A request for expungement results in a full-scale review by the department of reports of child abuse or maltreatment contained in the register and the circumstances surrounding these reports. The request is either granted or denied. If denied, the subject of the report, upon request, may have a fair hearing scheduled and conducted, usually in his home district. A fair hearing is an administrative review of the reports which is conducted by the Department of Social Services and is not a court action. State and local child protective services staff are parties to the proceedings and attend all hearings.

During 1976, 685 requests for copies of reports of information from the register relative to requests for expungement or amendment of reports were received in addition to 198 formal requests for expungement, comparable to the 372 requests received the previous year. On behalf of the subject, the bureau seeks clarification of a request for information. This is only done after the subject of the report is notified by letter of his rights under the child protective services statute and that a report of alleged child abuse or neglect has been made. Previously, it was not uncommon for the subject of the report to request, in reaction to the notification letter, copies of information, amendment, expungement, and a fair hearing without regard to the natural sequence of events. The decision to expunge, for example, leads automatically to an action which obviates the need for a fair hearing. States which may be developing registers similar to New York's must work assiduously in this area.

Twenty-two fair hearing decisions were rendered, resulted in confirming the decision made by the department not to expunge the reports as requested. In two of these, it was directed that certain portions of the reporting forms be amended. In six decisions, it was directed that reports be expunged as requested by the subject(s) of the report.

MONITORING LOCAL AGENCY OPERATIONS

The department reviews the operation of child protective services in each local district from several vantage points. Observations and evaluations based upon the department's monitoring of follow-up reports submitted to the register is a viable monitoring mechanism.

Register specialists monitor the daily activity of local agencies in a variety of ways. All unfounded, indicated-closed, and some open cases are regularly reviewed to ensure local case activity meets the requirements of the law. An unfounded case is one in which no credible evidence is found to substantiate the allegation of child abuse or maltreatment, and all identifying data are expunged. An indicated-closed case is one in which there was some credible evidence to substantiate the allegation and the case is being closed because all available services appropriate to the case have been rendered.

Because of this activity, register specialists are in a unique position to spot trends concerning the activity of local districts. A perception is gained from the review of follow-up reports as well as daily telephone contacts with local agencies. When problems are discovered, information to resolve them is routinely passed along to program personnel within the bureau. Experience shows that local districts tend to cooperate when issues of mutual concern are raised with regard to handling of reports of child abuse and neglect made to the register.

GOVERNMENTAL INTERVENTIONS

The necessity of a role for government in the effort to deal with child abuse and neglect was expressed in the FOCUS section. The papers here elaborate on those themes to better define what that role should be and to explore the complex legal issues that must always result from so significant an intrusion as child abuse and neglect intervention makes into the lives of families. The papers in this section do not uniformly advocate governmental intervention. Unfortunately, governmental intervention with a problem does not guarantee its solution, and may result in a spectrum of new problems or even an exacerbation of the original one.

Most of the papers concerned with the *role of governments* seek to delineate distinct federal, state, and local roles for approaching the planning and provision of services for child abuse and neglect. The role of the federal government is seen as a facilitator, offering financial, informational, and organizational resources to states to assist them in program development. The state's role is to create and administer the service delivery programs, as well as to provide technical assistance to the local government. The local level is seen as being where the action is: the level at which services actually reach families in need, and also a source of information which should feed back into the system to assist federal and state governments in planning.

In such a three-tiered system, it is inevitable that there will be conflicts between levels. These conflicts are sometimes seen as evidence of fragmentation, which often has the effect of creating a lack of continuity through the hierarchy. They can, however, be looked upon as creative tensions which, if developed, can lead to better planned and more creatively implemented programs through controlled feedback to guide governments in creating policies that strengthen and support--not stress--families.

The *legislative and legal issues* papers define three main responsibilities of the legislature: creation of an effective reporting act, funding of child protective services, and funding of programs for primary prevention. The legislator can also serve as an educator and as a creator of community consciousness. Special interest groups are urged to initiate legislation and work for its passage. Such activities in the area of creating model legislation should be structured to ensure full participation in planning from all interested parties, e.g., service providers, behavioral scientists, legislators, and juvenile court judges, whose opinion has sometimes been neglected in the past. Major trends in the area of model legislation are identified: definition, mandatory reporting, central registries, and issues concerning parents' and children's rights. In addition, the legal implications of the institutional use of corporal punishment are reviewed, along with comments on limiting it through formal legal action.

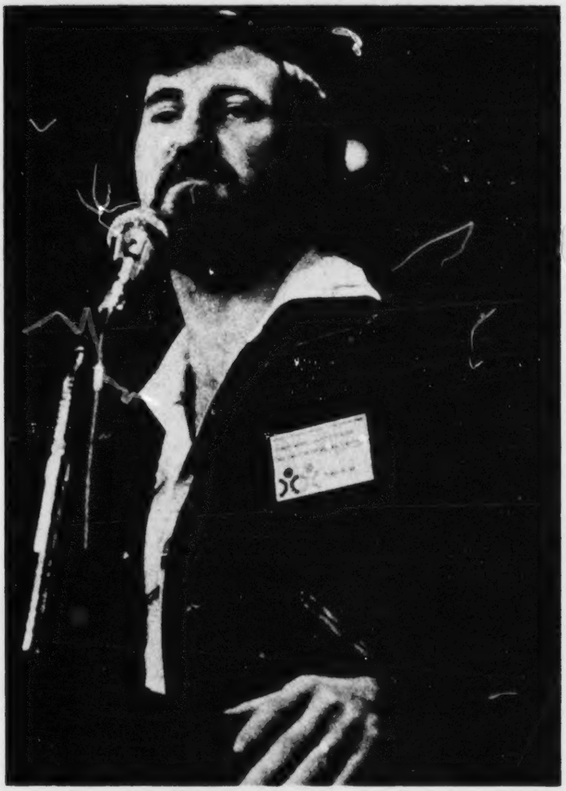
In discussing *the state as parent*, authors grapple with the question of how much power the state should have to intervene to disrupt the family unit, and the more difficult question of whether children are even valued in our society. The evidence presented portrays the state as a highly negligent parent, and raises serious questions about the practices of foster care and institutionalization. Certainly there are instances when the state must act as parent; how to fulfill that parental role "in the best interest of the child" has yet to be discovered.

David Slader

S. M. Murphy

The panel on model legislation; left to right: Patricia Connell, Brian Fraser, Sanford Katz, Michael Wald, The Honorable James Lincoln

Nancy Amidei



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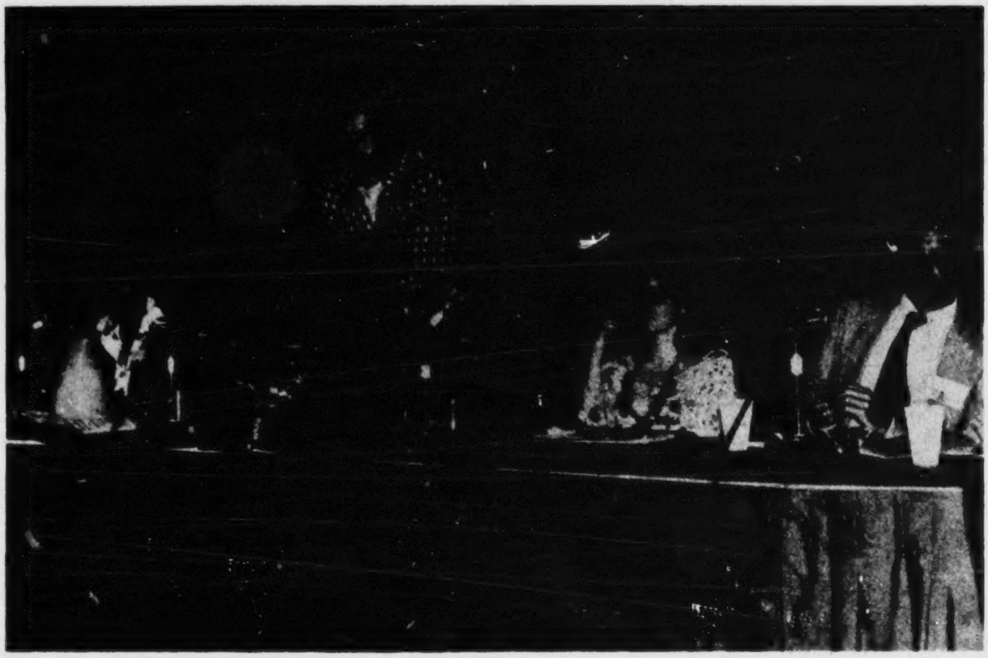

Panel on Treatment Issues; left to right: Allene Goldman, James Kent, Julie Levitt, Arthur Green

The Role of Government: Federal, State, and Local

The Role of the (Federal) Community

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Washington, D.C.

As you think about the role of the community in relation to families there is a particular "community" that should be kept in mind. The community that I am going to talk about this morning is, ironically, something that is rarely thought of in those terms: the federal government. Yet it is nonetheless a group of individuals with a vital and immediate involvement in what goes on in the lives of families and children and should not be ignored. As a member of the Family Impact Seminar I am part of an effort that is trying to look at the role of government in relation to families, and attempting to design a process by which the government would pause in its proceedings and consider--before it enacts new policies, adds money to old programs, takes something out of the system, or puts something else in place--the impact of the change on families.

The Family Impact Seminar is made up of people drawn from three different kinds of backgrounds: from public policy, from academic life, and from clinical practice. It includes Salvador Minuchin, a leader of the family therapy movement; Rosabeth Kantor, who studies the ways in which the government as an employer affects families; Urie Bronfenbrenner, who has spent many years studying families and children; and Robert Mnookin, a law professor specializing in family law, as well as the heads of family studies centers, a pediatrician, a home economist, students of the women's movement, and present and former government figures like former HEW Secretary Wilbur Cohen. It is a varied, thoughtful, and distinguished group of individuals.

The idea for the Family Impact Seminar goes back several years to hearings conducted by then Senator Walter Mondale, while he was head of the U.S. Senate Subcommittee on Children and Youth. In the course of a series of hearings on the state of the American family, one witness remarked that it is indeed ironic that the federal government should be required to stop and consider the environmental impact of proposals, but not required to stop and think before taking actions that might impact on families. That was such a reasonable idea that Senator Mondale immediately said he would plan to introduce legislation to establish such a system.

He and his staff quickly realized, however, that this was a much more complicated proposition than it originally seemed. But the idea was a very attractive one, and so a little later the Subcommittee's staff director, Sidney Johnson, left the Senate to set up a private organization that could design a process to assess the impact on families of various public policies. That organization is the Family Impact Seminar of Washington, D.C.

From the very first it was clear that the Family Impact Seminar had to be an independent forum that had no direct involvement with the government itself. Any of you who were involved in the battle to enact the Child and Family Services Act a few short years ago know how sensitive a matter it is to talk of involving government in the lives of families. That bill never became law, in part because of the flood of angry letters, telegrams, and calls from all across the country at the prospect that government might become involved in the ways that American families conduct their lives. The campaign may have been based on a misunderstanding about what the bill would do if enacted into law, but it reflected a genuine concern on the part of many that families are a private matter and not a proper focus of government activity. The experience of that bill was very sobering, and was not lost on Sidney Johnson or the private foundations that provide the Family Impact Seminar with financial support.

Curiously enough, if government is ever required to consider the impact of its policies on families, that requirement will not *put* government into a position of influencing how families live. Every day the people in public life adopt policies that affect families. They may not be labeled "family policies" but they affect families just the same. We are long past the point where the federal government could be put in a position of influencing families; that is happening all the time. What we are asking is that a process that has gone on for as long as we have had government in any form be made more responsible in relation to families. At the very least, we believe, government should not act in ways that add to the stress that modern life puts on families.

If anything, the Family Impact Seminar is in a large and growing company. "Family" has become the new buzz word. Everybody seems to be getting on the "family" bandwagon. Many people who continue to do the things they've always done, now describe them as "family interventions" or "family-related activities." It is as though we have just discovered that people live in families, despite the fact that clinicians working in the area of human services have always been in the business of trying to work with families. It comes as no news to them that four-year-olds do not live an independent life in independent households. Young or old, whether living physically with other people or alone, all of us live our lives in relation to other people who comprise our families. We just pay more attention to that fact these days. But the current popularity that "family" has makes me cautious. It makes me want to pull back a little bit and pay very careful attention to the kinds of things that are being said in the name of the family.

It has also made me aware of the fact that people seem to be lined up on one of two sides. On one side are those who say that the American family is doomed. You can recognize that group by their adjectives. They describe the family in the gloomiest of terms: it is dissolving, disintegrating, disappearing. One well-known sociologist recently wrote that according to his calculations, by 1990 there would not be *one* American family left. I have not had the heart to tell my mother.

I personally find myself lined up with those who are on the other side of this discussion. I would not deny that families are undergoing rapid and dramatic change, or that they are under stress, but I want to go one step further and point out that there has never been a time when that has not been true. Families have always lived through social change. There has been no time in the history of any society in which families have not been under some kind of stress. As recently as fifty years ago a large portion of American families were recent immigrants whose entire way of life had been left behind, or who were facing the prospect of raising children with one or both of the parents dead in early adulthood. Those were terrible strains. But then as now, families somehow try to cope. Those of you who work with troubled families are no doubt frequently struck by how often even the most troubled families are trying desperately to make things work. It is a very interesting phenomenon. Families survive the death of one or several members, they survive separation and deprivation of various kinds, they survive terrible tragedies and devastating problems. It makes me want to cast my vote, if one is asked for, with my mother and father, with my brother and sisters and their children, with my large assortment of Italian relatives, and with all of those who say that the family is probably here to stay. What we ought to be doing is supporting family life, rather than leaping so eagerly into print to write it off.

Some of my feeling on this point grows out of an experience I had some years ago while working with the Senate Nutrition Committee. I learned then the danger of not appreciating that anything can be heard in more than one way. At the risk of a slight digression, I'd like to recount one incident in particular. I became particularly interested in some of the testimony that the Committee heard on the links between malnutrition and mental development. Some of the same witnesses who appeared before the Committee were invited to the White House to meet with a group of scientific advisors. As scientists tend to be, those witnesses were cautious in their description of the evidence, careful to limit it to just what could be proved, and not prepared to draw sweeping conclusions from the facts before them. So when they were asked whether malnutrition and mental development could be related, they said yes, but only under certain very circumscribed conditions. All the caveats were in place. You are telling us then, the White House advisors repeated back to them, that if the malnutrition is serious enough, prolonged enough, and occurs at critical enough points of development, it can result in permanent mental damage. Yes, the scientists said, it can. Then why, one of their questioners wanted to known, are we wasting all the anti-poverty money? If people are irreversibly damaged, he reasoned, why not simply write them off?

That story may not be perfectly accurate, and there is no way of knowing precisely what was said, but it is one of the reasons that I find myself particularly disinclined to say that there is no hope for families. I am worried that someone may decide that if the state of the family is hopeless, we should not bother to "waste" any money or provide any services to them, but instead should simply "write them off." I'm not ready to write them off. I think we ought to do whatever we can to help and support even the most troubled families. The Family Impact Seminar and the task we have set out to accomplish represent one very small way of trying to find ways of doing just that.

One thing we can all do is try to look at families in a less glib and prejudicial way. A sociologist named Robert Hill has noted that there is a tendency to confuse family structure with family functioning. We tend, for example, to equate one-parent families with bad or dysfunctional families. Just think how often we describe them as "broken" families. By the same token we tend to equate two-parent families with good families, ignoring the abundant evidence that many single-parent families function very well, and many two-parent families do not. Instead, we take note of the structure and immediately make a judgment about how the family behaves. We use divorce statistics to prove the point that the family is an institution in decline, when all they can actually tell us is that legal divorce is easier to obtain and couples whose relationship is no longer sound no longer feel constrained to stay together. Wait, Hill says, and look at how those families function before drawing your conclusions.

If you stop to consider all these things that I have touched on briefly--the fact that government actions already affect families, the realization that everyone seems to want to claim credit for being involved with the family issue, the way our language has led us to glib and often erroneous notions of what is happening to families--you will begin to appreciate something that we at the Family Impact Seminar have learned the hard way: there is no magic formula for putting the idea of family impact analysis into practice. What is such a simple idea on the surface, namely that government should not do things that are going to hurt families, turns out to be a very complicated business indeed.

At the simplest level the idea poses problems. If, for example, all government decisions affect families, and they do, then to what decisions should something like family impact analysis apply? How do you draw the limits to what should be included? Should it apply to decisions like whether we agree to go to war? Certainly that has an immediate and often devastating effect on families. Or should it only apply to decisions like whether or not we put more money into child health services?

There are many very basic questions to be asked. What kinds of families do we want government policies to support? (For some people that raises fears of government support for hippie communes and group marriages.) How do different policies impact on families at different stages of family development? Assume for a moment that pro-family tax policies would include enacting only measures that are supportive of families with young children. You will quickly discover that policies which are supportive of that kind of family may not prove to be good policies from the point of view of families composed entirely of people over 65, or families in which there are adults who are responsible for an elderly parent or a handicapped but grown-up family member. The same policies apply to everyone, so we need to be very clear about the kinds of families we have in mind and the goals we want to achieve before we know what it means to adopt policies that are supportive of families.

Or, looking at families in structural terms, should we try to insist that government policies support extended family networks? We know that such family networks exist in the life styles of many Americans, but particularly among Black, Hispanic, and Southern European families. Can government policy be expected to take into account the fact that grandparents and aunts and uncles and cousins sometimes contribute emotional and financial support within their families and provide social supports that no public institution has managed to achieve? If government wanted to support those family networks, how would it do so?

Which family-related interests should take precedence? We know that unemployment is bad for families. Does that mean we should consciously adopt or reject certain economic policies depending upon whether or not more heads of households are going to be employed? What about teenagers? They are not usually heads of households, but they are members of households, and forming families of their own may be conditional in part on whether or not they are employed.

What happens when the rights of different family members appear to be in conflict? Do the rights of parents automatically take precedence over the rights of children, or the reverse? What about the rights of foster family members, of divorced and separated parents, of grandparents after a divorce has taken place? Should family impact analysis try to take all of them into account? Even if it wanted to, would that be possible?

Finally, we have to ask whose values should apply. That may be the most difficult question of all to resolve. The simple business of only doing things that are good for families, of asking that government only enact policies that support families and do not cause harm, is doubly complicated when values are introduced. What does help or harm a family? Many people would differ on the question of whether freeing families from burdens is not also a way of relieving them of responsibilities that they should carry. For example, is providing day care a way of helping families bear their child-rearing responsibilities, or a way of interjecting government in a function that should be carried out only by families themselves? What about abortion? Or issues like integration and the vigorous prosecution of anti-discrimination efforts? Think for a moment about providing family planning services for teenagers. Whose values are going to be applied when we try to assess the family impact of that? Do we want to give someone in a government office or in the Congress the power to decide the goodness or badness of a given policy when it is *our* families that will be affected?

All of these are terribly difficult questions. At the Family Impact Seminar we make no claim to having found the answers yet, but we are struggling with the questions and eager to have them considered by as many people as possible. And we are not discouraged. We are convinced of the need for the careful, independent, thoughtful consideration of these issues. We think that it is inevitable that we ask the questions and face up to their implications, and hopeful that our early thinking will help to make the public policy process more ethical and responsible in relation to families. We have begun our task by identifying topics which might be suitable for model legislation that could be ready by the end of 1978. We have begun to look at issues such as the biases toward institutionalization in the various health reimbursement programs like Medicare and Medicaid, at the placement of children outside their homes, at the impact of unemployment on families, and at the government's employment practices in relation to its own employees. We think issues like these may ultimately provide the focus for some model family impact legislation.

There is one point on which we differ among ourselves and would welcome reactions to: how a family impact analysis process can build in feedback from families themselves. Families are not like trees and waterways; they cannot be analyzed in the same way that environmental impact statements can be written about our natural resources. There is probably going to have to be some way to enable families to tell government how its policies affect them. We will need a process that includes comment from communities and the people who work with families, so that we can learn first-hand how families are being affected and whether policies ought to be changed. I find myself thinking in terms of what I call community canaries. You may remember those poor canaries that were sent down into the coal mines to test whether there were poisonous gasses in the air. We need to identify and develop people or institutions around the community who have a sense of when the climate has become harmful to families and who, like the canaries, could warn us that something important to families is changing in helpful or harmful ways. If the people in public life are indeed going to be made to stop and think before enacting new policies, adding money to programs, or ending programs and policies that are already in place, then we will need to involve the families themselves and their communities in the process. If you who work with families have any thoughts on that subject, we at the Family Impact Seminar would be very glad to hear them.

I will make just one last comment, even though it will reveal the fact that I am an unredeemable optimist. I realize that dealing with your subject, child abuse, can be terribly discouraging at times, and that it puts a tremendous strain on the people who try to find new ways of working with these families. I think that is why I want to conclude with something hopeful. When I was new in government I went to a meeting that was supposed to mark the conclusion to about a year and-a-half of work on a new idea. Everything was supposed to fall into place, and in theory there was nothing left to be done but sign the papers. The meeting, however, was a disaster, and eighteen months of planning and meeting and memo-writing, along with all the inevitable calling back and forth among the agencies, suddenly went right down the drain. I was devastated, but the person I had gone into the meeting with said, "Don't be discouraged. If the world had been a demonstration project, it would have never been refunded."

The Role of Governments in Relation to Families—The Federal Perspective

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FROM INADEQUATE EXTREMES

There are two basic extremes in social policy the federal government should avoid: (1) "benevolent paternalism"--the government should be all things to all people; and (2) "benign neglect"—let the social problems resolve themselves, or leave total responsibility and accountability to state and local government or private and nonprofit enterprises.

Both extremes have been pursued during the sixties and seventies. Neither proves effective in reducing family breakdown, strengthening quality of family life, or reducing abuse, neglect, or delinquent behavior. Nor do they develop a truly integrated services approach to family problem-solving, or help a family cope with the stresses and crises of daily living.

"Benevolent paternalism" never provided the resources necessary to match the level of expectation or verbalized commitment to the "Great Society." "Benign neglect" failed to provide national direction or leadership in social policy, and left the responsibilities of advocacy and social planning almost entirely to state and local levels which were frequently ill prepared and often reluctant to carry out these new roles effectively. Resources failed to equal the needs and expectations of the constituency.

The failure of these two extremes, plus the onset of spiraling inflation and increased tensions in today's society, results in more competition among special needs constituent groups for the same level of dollars now funneled through a confusing variety of categorical grants, "special" revenue sharing, general revenue sharing, and research and demonstration programs. The needs of the family most often are lost in the struggle.

TOWARD A NEW STRATEGY

There is currently no comprehensive national public policy on social services. Arabella Martinez, Assistant Secretary of Human Development, Department of Health, Education, and Welfare, has as her major goal the articulation and legislation of a new national policy for social services constructed around four basic concepts: (1) addressing the whole person; (2) focus on strengthening the family as a unit; (3) building supportive community institutions; and (4) developing "livable" communities. The basic thrust would be to support the development of efficient, effective, accountable, and compassionate delivery systems for comprehensive integrated social services for the family.

Secretary of Health, Education, and Welfare Joseph A. Califano, Jr., in his policy paper on the American family written for President Carter during the 1976 presidential campaign, graphically expressed the federal government's proposed role and its challenge in developing a new social policy concerning services to American families and their children:

> The changes, opportunities, and difficulties families are experiencing are the result of a complex set of circumstances and influences. Some reflect personal and interpersonal actions and attitudes. Others are the result of economic, social, religious, or cultural forces. Some are easily understood; others are not.
>
> One set of influences is public policy. Unlike many other countries, America has no official, explicit family policy. But the absence of a formal family policy does not mean we have no family policy at all. What we have, instead, is an inconsistent patchwork of policies affecting families. Some are explicit, direct, and consciously adopted. Others are implicit, indirect, and largely unexamined.
>
> It is precisely those public policy implications that we need to explore.
>
> Clearly, there is no "federal solution" to all the problems our different types of families are experiencing. Any effort to produce one would be inappropriate.
>
> An appropriate government role, instead, is the examination of the way its policies and programs may be contributing to family difficulties, so that policies and programs that hurt families can be ended and policies and programs that help families can be

strengthened. As Dr. Edward Zigler, Professor of Psychology at Yale University and former Director of the Office of Child Development, stated: "We can and should demand the rejection of apathy and negativism and expect a renewed commitment to the proposition that families are indeed important and that it is the Federal Government's role to help reduce the stresses and to help meet the problems confronting families."

We need to understand far better the changes which have occurred in the structures, values, and circumstances of our families and the pressures and problems that they are facing. The task will be extraordinarily complex, and short-term "solutions" to many of the problems will not be found. Values, jobs, lifestyles and needs of families vary widely. To envision a single model family or a single way to raise children would do great damage to the pluralism and diversity that make our country strong; would be beyond the legitimate concerns of government; and could produce at least as serious problems as ignoring altogether the impact of policies on families.

But the challenge must be accepted, for our strength as a nation depends more on the vitality, love, and compassion of our families than any other single policy, program or institution. To address the issue, we must expand considerably the dialogue about families and children, increase the accumulation and dissemination of our knowledge on the subject, and actively solicit the views of concerned parents, youth, experts, and organizations.

While a comprehensive understanding of the problems facing families and children will take time, there are some problems we can and must confront now:

> We must provide jobs for parents and curb inflation. Nothing is more essential to America's families than a strong and healthy economy.
>
> We must restore trust and confidence in our families as the basic institution for meeting human needs.
>
> We must begin to review the impact of Federal programs on families so we can change those which are destructive and strengthen those which are supportive.

Families are the cornerstone of national well-being. There can be no more important task than to strive forcefully and thoughtfully to assure the freedoms and opportunities from which they draw strength (Califano, 1976).

STRENGTHENED FEDERAL, STATE AND LOCAL PARTNERSHIP

Proposed roles of the various levels of government within a new strategy for social services to families should be developed and implemented on a partnership rather than adversary basis as has sometimes (all too often) happened in the past. That partnership must be premised upon: (1) mutual trust; (2) joint commitment to common social goals and objectives; (3) a clear understanding of and agreement to both the distinctiveness and interrelatedness of the roles of each partner; and (4) recognition and acceptance of the legislatively mandated programmatic, regulatory, and fiscal authorities and responsibilities of each level of government unless or until more appropriate legislated roles may be effected more in keeping with joint goals, objectives, and social policy.

Within the partnership concept the following roles seem appropriate:

1. The Federal Role:
    a. Dynamic leadership and catalytic action by top-flight, highly qualified national and regional staff;
    b. Formulation, with appropriate state and local inputs, of broad national social policy, goals, and objectives;
    c. A White House conference on the family in today's world;
    d. Research, demonstration, and evaluation projects which are national or regional in scope, impact, or potential for replication;
    e. Quality technical assistance to state and local governments and agencies as well as private agencies and organizations, including consumer groups;
    f. Development, dissemination, and assistance in using model legislation, standards, programs, and service delivery systems;
    g. Assure a basic service level for every family in the United States: (1) national legislation; (2) basic funding; (3) minimum standards/regulations; and (4) monitoring/evaluation; and

- h. Serve as convener of the federal, state, and local partnership, including support of the basic mechanism for joint policymaking, and setting of priorities, goals, and objectives.

2. The State Role:
    - a. Develop and implement statewide social policy, comprehensive family service plan, and priorities, goals, and objectives consistent with national policies and goals, and specific state needs;
    - b. Provide leadership and serve as catalyst in encouraging appropriate state legislation, programs, and appropriations to meet state goals and objectives;
    - c. Establish viable partnership with communities to assist them in planning for and serving families within their jurisdictions;
    - d. Assure minimum standards and levels of service for all families throughout the state;
    - e. Establish effective and compassionate delivery systems;
    - f. Monitor state/federal funded services, their implementation and impact;
    - g. Provide state inputs to federal policies, goals, objectives, legislation, standards, and regulations affecting families and their environment;
    - h. Fund and evaluate appropriate state research and demonstration projects; and,
    - i. Assure quality training at all levels for staff serving families and children.
3. The Local Role: Where the Action Is!
    - a. Assure delivery of services appropriate to priorities of need;
    - b. Identify gaps in services;
    - c. Develop and implement comprehensive service plans, coordinated delivery systems, and evaluation feedback;
    - d. Promote grass roots consumer and citizen participation in formulation of policy, legislation, appropriations, and programs at all three government levels;
    - e. Promote maximum use of local resources to supplement state and federal resources;
    - f. Implement and evaluate programs, standards, and regulations concerning services to families;
    - g. Provide the key to the "livable" community, so necessary to the well-being of families; and,
    - h. Promote federal, state, and local partnership but keep partners honest and realistic in identifying and addressing the critical needs of families with appropriate individualization according to geographical, ethnic, socioeconomic, cultural, and structural differences of each family and each member thereof.

Why all this effort? Why the need for renewed joint commitment? Why a new priority on the family as a unit? Why is action demanded now?--because of the plea of a child:

Come, grow up along with me;
The best is yet to be!
Help me become what I was meant to be—
And I will return a thousandfold each precious opportunity!

Yes, Come grow up along with me;
The best, indeed, is yet to be!
A thousand tomorrows are in your hands
Why not invest a few in me?

S. M. (Pat) Murphy

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The Role of State Government

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The history of government intervention goes back as far as Hammurabi, the 18th century B.C. king of Babylon who included the first recorded building regulation in his famous code. It prescribed simply that if a house fell down and killed the occupant, the builder should be put to death. Modern experts consider this a model code because it stresses performance instead of prescribing the details of construction. Thomas Jefferson, in his inaugural address, promised Americans "a wise and frugal government which shall restrain them from injuring one another, which shall leave them otherwise free to regulate their own pursuits of industry and improvement." However, with the increasing size and complexity of our whole economic and social system, it's obvious that a larger, more complex society generates more and tougher problems. As Kenneth Bolding of the University of Colorado has pointed out, an astronaut in a space capsule has to follow a far stricter regime than a cowboy on the prairie. A space age economic and social structure must have rules that a cowboy social structure didn't need.

We have in our country an ingenious balance of powers, a disequalibrium, a creative tension that works two ways. First, our system of government is based on three tiers, three levels of federal, state, and local governments. This system is part and parcel of our political and legal heritage. The Tenth Amendment of the Constitution states, "The powers not delegated to the United States by constitution nor prohibited by it to the states are reserved for the states respectively or to the people." Second, the powers of government are divided among the executive, the legislative, and the judicial branches.

On the wall in my office hangs a quote from Justice Learned Hand which says, "The Spirit of Democracy is a spirit that is never quite sure it is right." At times I indulge myself, as perhaps you do, in damning the federal government or the courts for injecting themselves into the business of state or local government. At times that criticism is no doubt justified, but let's examine the phenomenon for a moment. The field of education is the most familiar to me. In education, the greatest amount of criticism of federal government or court intervention centers around desegregation of schools. People are forever criticizing the feds or the courts for taking over the prerogatives of local boards of education or of the states concerning school districting, assignment of teachers, busing, etc.

Examples: At one time our state legislatures were controlled by a disproportionately large number of legislators from rural districts. Finally the courts were drawn into this issue and ordered reapportionment—the one person-one vote rule. In 1965 Congress passed the Elementary-Secondary Education Act which among other things provided for compensatory education—Title I—providing for additional educational resources to compensate for the education deficits suffered by children from poor families. Last year Congress passed sweeping provisions for the education of handicapped children. These are now causing serious implementation or finance problems in some states.

Why do these stresses—sometimes conflicts—exist? They are the product of our system. The rural-controlled legislature, for example, couldn't really be expected to voluntarily vote itself out of existence—fortunately—in our system. The role of the court was to order it as a right of the people. Obviously, state legislatures could have outlawed segregation—could have provided more adequately for the education of children from poor families or for the education of the handicapped. In fact, some states did in each of these instances, but some states didn't, so there came a time when the courts or the Congress acted to extend these provisions to all people.

Sometimes, I think, the federal government goes too far, by making explicit regulations rather than establishing principles and broad standards and giving state and local government more opportunity for initiatives in implementation. Sometimes I wish advocate groups would work harder and be more successful at the state and local levels instead of looking to Congress to solve all our people problems.

Like it or not, the trend toward more government regulation in both public and private efforts is here to stay. For example, in 1970 the federal government spent 1.6 billion dollars on economic and social regulatory agencies and produced 54,000 pages of regulations. In 1975 the figures were 4.8 billion dollars and 72,000 pages of regulations.

With this three-tiered system of government and division among the branches, it is inevitable that there will arise tensions among these units of government. The area of child abuse and neglect is certainly no exception. It does seem clear to me, however, that all components of government have a role to play. The local government most vividly experiences the pain and agony of child abuse and neglect. The states have the legal jurisdiction to intervene on behalf of the child in peril. Likewise, the federal government has a leadership role to play in terms of allocating resources and generating new knowledge and approaches that would be useful to states.

Decisions about the role of the federal and state governments should grow out of basic assumptions:

1. Federal actions should be designed to strengthen the state--not weaken it. Incentives, encouragement, supports that will cause the states to face up to their responsibilities are preferable to federal actions that take over state functions or ignore or bypass the states.
2. We need better mechanisms for national planning among states. The federal government performs an essential role in establishing national goals and planning for their achievement.
3. Some activities are bigger than any one state can do. These activities can be done more efficiently or effectively by the federal government. They should be identified and the federal government should do them or provide for their being done by public or private agencies.

With these assumptions in mind:
- Strengthening and working through the states;
- Identifying national goals and planning for their achievement;
- Performing nationally those functions that can be done more efficiently or economically by the federal government,

I think the federal role includes but is not limited to:
- Conferences, seminars, and workshops to train state leadership;
- Preparation of publications on child abuse and neglect;
- National awareness building;
- Providing for and financing research;
- Providing for and financing development of materials:
  - curriculum for youth;
  - parent training;
  - staff training in education, welfare, etc., agencies;
- Funds to states to help finance their work.

The state role includes, but is not limited to:
- Enactment of good state laws;
- Training leaders at state and local levels;
- Coordination of agency services;
- Enforcement;
- Counseling and other family help and supports;
- Development and implementation of curriculum in the schools;
- Development of programs and providing for parent education;
- Supervision and quality control of public and private institutions for children.

I think those of us in education and welfare often underestimate the existence and the subsequent influence of state government. The states support public schools, universities, and prisons, build highways and hospitals, and run public welfare systems, but this is not necessarily the full picture. They require and issue our birth certificates and our burial permits and between the alpha and the omega of our mortal existence they protect our rights in various other ways. If we hunt, fish, drive a car, marry, teach, practice law or medicine, or enter into a wide variety of other professions or callings, we must have a state license. We buy, sell, lease, rent, and inherit property under state law. In short, to the extent that our activities depend upon or are controlled by government, that entity is usually the state.

In closing, it seems there will continue to be conflicts--creative tensions--between state, federal, and local governments. Certainly in this area of child abuse and neglect, emotions run high. I expect those tensions are and will remain rather intense, but there has been and will continue to be a measured amount of compromise on the part of all entities. This is as it should be. To abandon the states, to seek answers to the problems of child protection without the states, is to misunderstand our system and to undermine it. To build up the states, to involve them to their utmost capacity, is to strengthen our system in all of its endeavors and protections. This may keep the fires of tension burning between the federal government and the states, but it is the energy of this very fire which has propelled our system since the birth of the Nation. Thomas Jefferson wrote that the only way the states can avoid the abuse of national power is to "strengthen the state governments and this cannot be done by any change in the federal constitution. It must be done by the states themselves."

The Role of State and Federal Government in Child Protective Services: Support for a Community Program

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In dealing with child abuse and neglect, state and federal government agencies must, together, assume supportive roles to local communities. The supportive role of the federal government must be one of generalized policy formulation and the financing of services to be offered in local communities, with appropriate guidelines, yet with flexibility which will allow for adequate local variation to meet specific community needs. State government should then assume the role of offering technical assistance to communities in assessment of needs, organization of local coalitions, training of service deliverers, maintenance of appropriate services and continuity of service delivery across community boundaries.

While the federal-state-local megasystem for the delivery of child protective services may boast of widely acknowledged success in the areas of public awareness, expanded knowledge of the maltreated child phenomenon, and treatment innovation on a limited basis, the overall service delivery to abused and neglected children and their families has been largely inefficient and less than effective. Except for a few highly funded pilot and demonstration projects, the child protective services effort may be characterized as having placed Band-Aids on broken arms. This is not so much a reflection on the dedicated individuals at all levels as it is a commentary on our present service megasystem.

Robert Levine in *Public Planning: Failure and Redirection* states:

> Public programs in the United States have not worked well in the past nor do they in the present. The major reason for this outcome is that programs designed to fulfill policy objectives are laid out by planners for operation by administrators, with the administrators fulfilling the plan by following a hierarchy of rules. The planners and administrators at the top lay out the basic rules as general guidelines; the middle-level administrators make them into detailed rules of procedures; the operators at the bottom must apply them by interpretations based on administrative discretion. In this process of interpretation the original policy objectives more often than not get lost or even reversed. Ordinarily they are changed around not by malfeasance but by honest attempts at interpretation with each attempt a little bit off and the cumulated result far from the intended objective of the public program (Levine, 1972).

This generalized bureaucratic problem is exacerbated and compounded by a number of other factors. With all our federal programs directed toward family life and the amelioration of family dysfunction, our nation has no overall family policy. As Joseph Califano wrote to then presidential candidate Carter, "Unlike many other countries, America has no official, explicit family policy. But the absence of a formal family policy does not mean we have no family policy at all. What we have, instead, is an inconsistent patchwork of policies affecting families. Some are explicit, direct and consciously adopted. Others are implicit, indirect and largely unexamined. An appropriate government role is the examination of the way its policies and programs may be contributing to family difficulties, so that policies and programs that hurt families can be ended and policies and programs that help families can be strengthened." Since it is difficult, if not impossible, to separate the various needs of children, an ideal family policy would necessarily include all areas of need which would incorporate and integrate such programs as child protective services, substitute care, adoption, child care and child development.

A second major difficulty is the unclear responsibility and authority for child protective services programs at both federal and state levels. On the federal plane, in the Department of Health, Education and Welfare, child protective services is a service of Title XX and is administered by the Office of Child Development through the Children's Bureau. This relationship was, until very recently, further complicated by the fact that these organizations were second-level agencies operating within separate larger agencies. The merger of the Social and Rehabilitation Service and the Office of Human Development would appear to have had a positive effect on this problem. At the state level, this role ambiguity of child protective services continues. Often in these cases there is a question of jurisdiction between child protective units of public welfare agencies and law enforcement or various agencies of family or juvenile courts.

One primary problem results from fragmentation of the legislative branch of government. Jurisdiction of program laws affecting children and their families is divided among several committees. These laws generally have been developed over the years with little attention paid to existing statutes or continuity of program philosophy. Further, most child protection and child development legislation is funded on a temporary basis, making long-range planning and the establishment of long-range goals exceedingly difficult.

Another malady of our present megasystem is that ours is a diverse nation with varying local resources, needs, and resource development. It is unrealistic to assume that one federal program with its detailed set of interpretive regulations can meet the specific needs of abused and neglected children in Baltimore, Maryland and Beaufort, South Carolina; Cedar Falls, Iowa and Palo Alto, California. Although the underlying family dysfunction may be manifested similarly in these diverse locales, their unique subcultures, local community attitudes toward the problem, available resources, and the state of those resources must all be considerations in the implementation of a local program.

The National Association of State Directors of Child Development (1976) suggests:

> The deterrent to better services most frequently mentioned is money, and there is no doubt that a greater share of the vast resources of our nation needs to be channeled into services for young children. However, if by some stroke of magic we were suddenly given all the money we think we need, our problems would not disappear. Most of the deterrents we now have would be with us, and many of the needs of children and their families would remain unmet.
>
> The fragmentation of services among the countless federal, state, and local agencies and other service organizations, both public and private, is a prime problem and thus the task of penetrating this maze and obtaining a single desired service is difficult for an informed and experienced professional. It is next to impossible for the average family with a child with multiple needs; and, in far too many cases, the poor and uninformed simply never obtain the services available.
>
> Suffice it to say that services are almost hopelessly fragmented among a multiple of bodies, and ways must be found to gather these services from where they exist and focus them upon the needs of the individual child or family.
>
> Another characteristic of many delivery systems currently being operated or proposed is that they are designed to deliver singular rather than multiple services. Delivery systems set up within single state or local agencies or by narrow-purpose public and private groups, by and large, deliver only those services in which the personnel in the particular agency or group have specialized training or services which fit the comparatively narrow purpose of the group. Ways must be found to develop delivery systems which are designed to provide a broad or comprehensive set of services to meet the multiple needs of young children and their families.
>
> A glaring weakness of our present efforts can be seen in the fact that services are spotty rather than universal. This is occasioned in part, but only in part, by a lack of funds. Other factors contribute to this problem.
>
> Geographic areas or localities with the greatest concentration of resources tend to provide more services for their children while other remote or impoverished localities are neglected.
>
> Categorical programs limit services to certain economic, ethnic or special category groups to the exclusion of others with equally pressing needs. Many needs of children and their families are not related to economics, geography, or ethnic background.
>
> Finally, our delivery systems often fail because they lack stability and continuity. The best delivery system one can conceive is of no value tomorrow if the basis on which it is built disappears today. Delivery systems which depend for their existence on funding which is temporary, short term or unstable cannot assure continuing services. The same can be said for delivery systems which are set up without benefit of supporting legislation or other appropriate sanction to undergird them and provide stability and continuity.

Given our past and present experience with federally initiated programs, it would seem appropriate that the federal government assume three primary roles with regard to child protective services.

The development and maintenance of a comprehensive and long range family policy is the first of these roles. Our nation needs a unified plan: a guide for future decision making; a policy from which social services programs can emanate with consistency to meet the service requirements of today's families and children. A policy must be developed that will take into account varying lifestyles and the constantly changing American family. This policy should recognize the traditional strength of the family and seek to reinforce it as a cornerstone of our society. A family policy must not purport to have all the answers, nor imply that government can meet all the human needs of its people. Where extended families are available, they should be utilized as resources. Where they are not, the community will become a social support network when needed. An overall family policy is very much needed to reflect the present condition of the family. However, great care must be taken to assure that such a policy does not determine family life. One central policy also will enable the fragmented program segments to be pulled together in both the administrative and legislative sectors of the federal government.

Funding, the second major role of the federal government, not only should allow but should actually encourage maximum allocation at the service delivery level. Experience has demonstrated that the various administrative levels of our present megasystem receive disproportionate funding in comparison to the service delivery level, especially viewing the legislative body's intent in earmarking this money. The funding role is more difficult to control, and is inefficient, as a direct result of the disjointed and narrow-focused programming in child protective services and other services for children and their families. One alternate funding method would utilize an allotment system similar to revenue-sharing disbursement. It would not be difficult to establish a monitoring system more accountable to local taxpayers as well as less expensive than layer after layer of administration. This kind of distribution would free middle management, particularly at the state level, to be involved in technical assistance directly to the service delivery level. Another asset of this type of funding is that it allows for the flexibility necessary to implement programs which will meet the need of each unique community.

In order to operate any social service program efficiently, it is necessary to have information to answer a number of questions: What kinds of new intervention and treatment are being tried? Which ones work? Which do not? Which program innovations are being piloted? What are current trends and projections? Answers to these kinds of questions are useful for directing service administrators but are not readily available outside the various regions. Thus, the third primary function of the federal government would be to act as a central clearinghouse for the collection and dissemination of information. To some extent this already is happening. The regional resource centers do a reasonably good job of this. However, at present, there is a long time lag between production of materials and when they reach other areas through the system. It is expensive and inefficient to conduct research in areas where results already may be available but coordinated information is lacking.

Present state-level agencies are as enmeshed in bureaucracy as those at the federal level. If child protective services are to be appropriately and efficiently delivered to children who are at risk, and their families, the primary role of the state level needs to be altered from administration to technical assistance and program development. Certainly, administration should remain as a part of state office overall responsibility. Also, while the argument of diversity of need and resources is applicable within states, a need exists for some continuity throughout a state. This becomes evident when ancillary resources, such as substitute care, are examined and are found to be unavailable to the extent needed in a particular area. Standardization is necessary within states because each locality operates under the same state laws and in the same court systems.

To insure quality service delivery, technical assistance and program development must be coordinated in a number of different areas: needs assessment, community organization, training, and program evaluation. The expertise to perform these functions already exists in most state-level agencies. Too often, under our present system, we opt for outside consultants when the most knowledgeable individuals are already on hand, probably having established a working relationship with those to whom the technical assistance is being offered.

Technical assistance in the area of needs assessment will be important in both initial and ongoing phases of child protective services delivery. State-level personnel will help set up instruments to discover needs, resources, potential community involvement, and existing strengths and weaknesses which will affect programming, then assist in the evaluation of data.

Other evaluation tools could be used on a continuing basis where the technical assistance could be instrument design or outside expert opinion.

The problem of child abuse and neglect is not confined to a single agency, locality, or class of people. It is a community problem, which, to be ameliorated, will require an entire community effort. State office personnel, with expertise in community organization, should work closely with service deliverers to establish local coalitions of professionals and concerned private citizens for child protective services. In this regard, we have had an interesting experience in South Carolina. When we established definitive child-protective services units in thirteen of our most populated counties in 1973, we also assisted those communities in setting up multidisciplinary committees for child protective services.

While we have no abundance of resources in our state, these counties are the best endowed. As a result of these committees, most of the child protective units in these areas have received support from their communities. There are exceptions, of course. It was not until this past year that we discovered that the smaller, more rural areas can make excellent use of resources which are more limited. When coordinated, they not only operate more efficiently but support each other professionally as well.

State-produced training for service providers and supervisors fulfills not only the technical assistance function but it gives continuity to the delivery of child-protective services. Training for new workers in child-protective services should be handled by individuals who have experience in the field and, ideally, who rotate into direct service work on some regular basis. Following this basic but comprehensive initial training, more advanced and specialized training should be offered at set intervals. Again, the real experts are practicing on active caseloads every day in every state. In South Carolina we have decided to use a comprehensive training program which will lead to the certification of all child protective service workers by October, 1977. We plan to implement a prodedure by which no worker will handle an active caseload without first having demonstrated a certain minimum level of competence. We are still in the planning stages. Probably we will use a combination of an examination to evaluate knowledge base and simulated interviews to test interviewing skills, as well as giving feedback to the worker.

Too often, our present system gives service workers and their supervisors the tremendous responsibility of providing child-protective services but it does not give them either the resources or the authority to get the job done.

The commitments from state and federal efforts must manifest themselves in assuring more efficient and effective service delivery if we are to come to the point where we go beyond treating constant crisis to prevention, adequate treatment and maintenance, and strengthening family life.

This can be accomplished through a concentration of our efforts at the service delivery level.

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Enablers or Enforcers: The Role of Governments in Relation to Families—A State's Perspective

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The United States is a "placement of children" nation. Natural families and psychological families are not preserved whenever possible. Archaic state delivery systems for child welfare services are to blame. Federal agencies within the Department of Health, Education, and Welfare and every state agency delivering legally mandated protective and children's services must honestly evaluate its current philosophies and overall goals concerning the child, the family, and the community. Most state agencies' programs and policies do implement: (1) the preservation of natural families whenever possible; (2) the minimizing of placement of children; (3) the recognition of the primary importance of the psychological parent to the child; (4) the ability to keep families in crisis together whenever possible while providing the necessary crisis services; and (5) the inclusion of parent participation in setting and reviewing treatment goals via the use of contracts.

There are many good state social workers across the nation who believe in strengthening, respecting, and rehabilitating natural families whenever possible. But these social workers are too often given unreasonably high caseloads and little quality training, and are asked to work within delivery systems that make placement of children away from home the easier, more expedient treatment choice.

The Children's Bureau's objective must be to facilitate five basic program priorities with states. If states support the five values stated above on the rights, respect, and responsibility due to families, then the following basic statewide resources and programs must be implemented: (1) a 24-hour, seven-day-a-week statewide hotline created by paper or phone to standby emergency protective services workers; (2) trained, live-in emergency homemakers; (3) immediately accessible day-care; (4) public and private agency coordinated comprehensive emergency services; and (5) more continuity of services between protective services and foster care and adoption (usually the same families are involved).

Along with these resources and programs are three basic program goals that state social workers must be trained to carry out:

1. Adequately and permanently safeguard abused/neglected families as opposed to curing such families. (Workers who have such skills would decrease the time the child is placed out of the natural family and would decrease the number of children placed during the treatment period);
2. Focus treatment on the interaction between parent and child (Dr. Alexander Zaphiris stresses this point). Although a parent or a child may need some individual services, to treat the family members separately avoids the real problem. It is in the interaction of child and parent that the conflicts and tensions arise which lead to abuse or neglect; and
3. Recognize early, whenever possible during the assessment of severe cases, the parent(s) who does not want her/his child, or who is hopeless in terms of rehabilitation, or who will take so long to be rehabilitated that her/his child cannot tolerate being placed for that amount of time out of the home in temporary placement without additional extreme trauma. (In such cases, workers must be trained to seek legal action to protect the child and gain for her/him a permanent nurturing placement plan which often means adoption or long-term foster care.

How should the federal government facilitate states achieving these goals and objectives? States now need to ascribe to and implement statewide innovative programs tested in national abuse/neglect demonstration centers. Changing existing state delivery services designs and procedures to take into account such promising recent research takes:

1. A major commitment of administrative and legislative professionals within the state government and

2. A different kind of enabling help from the National Center on Child Abuse and Neglect.

State bureaucracies respond first to two principles: (1) being shown cost-effective designs (unfortunately, professionals wish that human cost-effective values were what really caused change) and (2) federal seed money that would enable the state to do something new, normally not possible to do with state funds.

Prevention, early identification, and crisis services should be less costly in the long run than trying to rehabilitate long-standing family breakdown. Also, the prognosis for rehabilitation worsens the longer the problems persist unaided. The National Center on Abuse and Neglect must encourage states with technical assistance and seed money to try new, direct crisis services that would also be long-term cost-saving. For example, a trained, live-in emergency homemaker who might keep a family in crisis intact, as described in the CES model, is a large, temporary expense. But foster care for the same three children for several years is far more expensive. And once children are separated from their families, they often spend several years in placement. States are reluctant to redirect large amounts of current "board and care" funds from foster care and institutional care payments to "services in the home" payments. The concern is that there then would not be adequate funds for placement of children if the in-home services failed to keep down the number of placement requests.

How can the federal government enable states to change their delivery systems to more cost-effective systems? It takes money to redesign, and money for planning change that states rarely have budgeted. Federal dollars temporarily spent for innovative, direct services could be well-spent here. Once the new design is in place, federal money should be phased out, and then it should be the state's responsibility to meet the ongoing maintenance expense. Also, to enable change, the state's current level of funding commitment must be guaranteed so that no state funding is decreased due to this additional temporary federal funding.

What else do states require from the federal government? They need enabling help via consistent technical assistance consultation. They do not need as many detailed technical model packages into which many states cannot fit themselves.

The process of redesigning a state's philosophy, goals, and delivery system is far more important than immediate adaptation of the "best model;" by working intensively with knowledgeable federal consultants, with public and private sector professionals, and citizens, states can reexamine and redesign (grass roots up) their services. By going through this process grass roots up, many more state people become educated and committed to improving services. Models are most useful to be looked at initially and learned from in order to incorporate key concepts and parts of several good models along with some "down home" ideas to develop into each state's own unique delivery system.

Too few good, innovative concepts are ever implemented in delivery of services to the masses of abused and neglected families. Public Law 93-247 mandates a National Center on Child Abuse and Neglect (NCCAN) to enable states to upgrade their services. NCCAN needs our ongoing support and constructive feedback to plan technical assistance, training, and research relevant to the public and private sectors of our states. To further this goal, I recommend there be state public and private sector representation on its HEW advisory board. The National Center Child Abuse Advisory Board to the Secretary of HEW should do more than insure internal coordination of NCCAN's programs with other HEW programs.

Let us be advocates, planners, and partners with the federal government on behalf of abused and neglected children and their families.

Enablers or Enforcers? Role of Governments in Relation to Family

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Harris County Child Welfare
Houston, Texas

The elementary school nearest our home was going to have a meeting for parents concerning a new school program. The following notice went out:

> Our school's cross-graded multi-ethnic, individualized learning program is designed to enhance the concept of an open-ended learning program with emphasis on a continuum of multi-ethnic, academically enriched learning using the identified intellectually gifted child as the agent or director of his own learning. Major emphasis is on the cross-graded multi-ethnic learning with the main objective being to learn respect for the uniqueness of a person.

This is the reply the principal received from one parent:

> I have a college degree...speak two foreign languages and four Indian dialects...have been to a number of county fairs and three goat-ropings...but I haven't the faintest idea of what you are talking about. Do you?

Each of us has a responsibility to make the federal government responsive to the needs of our communities and specifically to the children this conference is all about. The problems of gobbledegook language, time-consuming detail, and the lack of flexibility could be solved, and to anyone who thinks the Carter Administration, or any other, will move too fast, we remind them of anthropologist Ashley Montagu's comment:

> We should not worry about wrecking the machinery of social organization by exceeding the speed limit of rational inquiry...(we should) expect the inertia of tradition to continue in the great tradition of tradition.

The questions for this conference are, "What is the future of services for the abused child? Is the federal government a help or hindrance? Does the solution rest with dollars and controls coming from Washington or is the answer to be found in individual communities taking action with the financial resources to back their commitments--in effect, putting their money where their mouth is?"

Those of us who are "Johnny-come-latelys" to the field of child abuse should reflect for a few moments on the history of this movement. Early efforts were of a broad social-action nature and were concerned with: promotion of child labor laws, creation of shelter care for children who were separated from their homes, detention facilities to keep children out of jails, abolishment of baby farms, support of special courts for children--a push which led to the formation of the juvenile courts, and promotion of child protective services under aegis of local Humane Societies or Societies for the Prevention of Cruelty to Children. These constituted the only agencies specifically operating to prevent neglect, abuse and cruel treatment of children. These agencies were to be found in almost every state of the Union during the late 1800s and early 1900s. However, most of them went out of existence when the great depression of the 1930s drastically cut down the ability of the private contributor to support these operations. With funding almost impossible to obtain, all but a few hardy Societies for the Prevention of Cruelty to Children folded up or merged with other family and children services, with a loss of the protective function. Among the survivors is the New York Society for the Prevention of Cruelty to Children, the first Child Protective Agency in the world, created as a consequence of the notorious "Mary Ellen Case" in 1874--the first recorded case of child abuse.

Since the Social Security Act of the 1930s, child protective services have become the responsibility of public child welfare. Impetus was given to these programs by the mandate in the Social Security Act which requires child welfare services on behalf of "neglected, dependent children and children in danger of becoming delinquent." The 1962 amendments further stressed the mandate by defining public child welfare "as services for the purpose of preventing, or remedying, or assisting in the solution of problems which may result in the neglect, abuse, exploitation, or delinquency of children."

While this mandate is clear, it has not proven specific enough. Nor has it stressed with sufficient force the obligation of each state to implement its responsibility for full services to protect children.

Vincent DeFrancis, Director, Children's Division, American Humane Society, gave the following testimony before Senator Walter Mondale's Committee on Child Abuse in Denver, Colorado:

> Child protection requires a highly skilled, professional social worker--not just the average social worker, but a very highly trained social worker. It requires a large staff with a lot of backup service--backup not only in terms of clerical staff, but in terms of various specialized consultants. There is need for psychiatric and psychological consultants; there is also a great need for legal consultation. All this makes it a very expensive program, one that is not within reach of most private agencies.
>
> Money is a factor which brought about governmental responsibility for child protective services. Only through the tax dollar can communities afford to carry this expensive service.
>
> Legislation can mandate a lot of things, but the implementation of that mandate must come from something other than the compulsion of the law itself. Education is a better answer. This is in tune with the old proverb about taking the horse to water. You can order doctors, you can order teachers, and you can order social workers to report contact with cases of suspected child abuse, but you cannot enforce that order. The surest way to implement the mandate is to create a sense of moral responsibility and obligation to report.
>
> Protecting children is a cooperative process involving the protective service agency, the juvenile courts, and the medical profession.
>
> There is one last member of the team—the broad community. The community serves by providing the sinews for the program--sinews in two ways: (1) the financial resources so the program can be developed in keeping with needs and in keeping with total demand and (2) in terms of identification of children.

A 1957 national survey was the first assessment of what and where child protective services existed, under whose auspices, and an evaluation of capacity to meet need. Findings documented a failure in most communities to implement government obligations for service to abused and neglected children.

A follow-up study 10 years later showed there were more good programs, fewer token ones. Two very glaring weaknesses were documented by the study: (1) every state bemoaned the lack of sufficient funding to expand services in keeping with need and (2) every state voiced a need for specialized training for staff assigned to duty in child protection.

Any current survey documenting the resources providing protective services for children reveals that such services are housed in the public social services programs of every state and community. If the community is to be a real partner in the solution of child abuse, the knowledge many of you as professionals have must be translated and shared at the grass roots level. First, we must try to understand what goes on inside the individual that produces the eventual child abuser. Are there any qualities we can identify? Let me suggest two. Sometimes the authoritarian parent orders a child to obey his commands, but does not communicate the "why." "Do it because I told you to." If the child is a little slow in responding, he/she is apt to be knocked across the room. When this same child misbehaves at school the parent is at a loss to understand why and will tell the teacher, "He always minds at home." Education can help give the tool; the ability to transfer learning--communication is an answer. A second handle to the problem might be learning to control our feelings. Individuals who later become child abusers never learned to postpose the desire for immediate gratification. So when something goes wrong at work or at home, they "take it out" on someone not able to fight back, often a child. The abuse of drugs and alcohol are outward signs of wanting immediate gratification.

Those who have worked directly with delinquent or truant children report that the first answer seems to be to fight force with force; knock them around when they misbehave. But after this has been done for a while, the desired change in behavior does not result. Knowing the rules and the reason for them are first steps in changing behavior.

Those who have been on the firing line with the worst cases of juvenile delinquency tell us that the way to change behavior is to show concern for the individual, really caring, taking time to talk with and listen to children. My Baptist preacher has a bumper sticker that says, "Have you hugged your kid today?" I grew up with a saying that just has five words and it applies to everyone in this room, at this conference, and even to those child abusers we are trying so hard to understand and change. The five words are, "Everyone wants to be someone." Children need to grow up feeling they are someone and worth something. When adults work with their own children or with those who have been abused, there are five more words that can change lives. They are so simple, no gobbledegook, all one syllable, "I am proud of you."

This sort of information can be taught to parents, but just as important is a fourth tool that we can employ, but it takes money and commitment. Family living concepts must be taught in school--by the seventh and eighth grades. Those who need it most are least likely to be around for a home living course as a senior in high school.

Children from lower socioeconomic backgrounds have several strikes against them in addition to inadequate food and shelter. They are often left alone, neglected because a parent must work and cannot or does not get adequate supervision for small children. Often, the importance of education is not realized in such homes, and when a youngster misses class, the more apt he is to fall behind and become more truant or become one of that growing category of children we call CHINS, children in need of supervision.

A philosophical question that might be discussed is: should there be a national minimum standard of care for all children in the United States? If we answer affirmatively, then we must grapple with whether the standards should be set in the form of guidelines or laws. Guidelines are based on the assumption that communities do care about children and, given the knowledge, will act responsibly.

Laws must reflect community standards or they will not be followed. Laws do not shape community values, but can use dollars and funding as an enforcer. They also make funding available and in turn enable the community to carry out guidelines. Thus, laws have elements of power to enable and/or to enforce.

This is a concrete example of what often bogs down otherwise well-intentioned programs. A close friend lives in River Oaks, one of Houston's most fashionable areas. For the past five years she has driven across town to an elementary school in a lower socioeconomic area where there are many children who need special help. She has a beautiful, brightly painted learning center with lots of resource material, but she is about to ask for a transfer to a school nearer her home where there are fewer children who have special needs. You ask, "Is she burned out?" The answer is "No," but the paper work is crippling her program. Teachers are not willing to fill out all the forms deemed necessary by someone, somewhere. The objective of the forms is good--to protect children's and parents' rights. However, do you really think it is in anyone's best interest for there to be 25 separate forms that must be filled out by either the teacher or the parent or the child before a child is taken from his or her regular classroom and given the special help the teacher feels is needed in reading, math, eye-hand coordination, visual, or other learning disabilities?

Where do we go from here? In Texas we have had the state government's support in an attempt to provide dollars for more and better services for neglected, dependent, and abused children. A law has been passed that makes it a misdemeanor not to report a case of child abuse. The role of government is not an either/or with regard to enabler or enforcer--it is both.

We have the laws and they should be used with federal dollars, but we must renew our commitment to solving the age-old problems of bureaucracy such as: lack of flexibility, the multitude of copies required that we wonder if anyone ever reads, and the language that has made larger agencies come up with a new breed of cat, the proposal writer. I am afraid we are apt to say with Snoopy, "There is no problem so great I can't run away from it."

FOOTNOTES

[1] The American Humane Association, Children's Division, *Speaking Out for Child Protection*. Denver, Colo.: 1973.

Legislative and Legal Issues

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Model Child Abuse and Neglect Legislation

Judge James H. Lincoln
Juvenile Court of Wayne County
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One of the great issues of our times is, "What role shall government play in the life of a child?" The problem is as complex and multifaceted as civilization or human nature itself.

Anyone, regardless of credentials, who claims to be an expert on this great issue, will be viewed as a charlatan a century from now. We are all alchemists when it comes to this issue, whether we are professors; psychiatrists; psychologists; social workers; attorneys; administrators; employees of the Department of Health, Education, and Welfare; judges, etc. In light of historical perspective each of us will be considered alchemists. Behavioral sciences are at least 1,000 years behind the exact sciences. I was raised by a kerosene lamp, and the plumbing was behind the lilac bush. In one lifetime I have seen man progress from a kerosene lamp to walking on the moon. That is 1,000 years of progress in the exact sciences in one short lifetime. As far as behavioral sciences are concerned, there has been a great amassing of questionable data and even more questionable theories. Much change but little progress! Of course, human behavior is much more complex than putting a man on the moon. However, those engaged in the exact sciences can disenthrall themselves, and look at their problems objectively. In the behavioral sciences (including the legal profession), we are as conditioned to certain attitudes and reflexes as Pavlov's dog. In other situations those with claimed expertise know so little about the issues that they simply follow some leader who is skilled and articulate in expounding one of the latest popular styles or fads. In the 17 years I have been on the bench, the behavioral sciences have had as many styles as women's clothing. This is also true of the legal profession.

One can classify those in this nation who write model laws, standards etc., for neglected and abused children into three groupings or classifications--right, left, and center. The behavioral and legal scientists that represent the right are largely on the West Coast and the left on the East Coast.

(1) The Right: This group of eminent behavioral scientists is chaired by Michael S. Wald, professor, School of Law, Stanford University, Stanford, California. He, together with more than 50 behavioral scientists, heavily laden with credentials (with a sprinkling of attorneys and a token judge or two), has drafted model neglect and abuse laws and standards for the Institute of Judicial Administration (IJA). The work of this committee will be presented to the American Bar Association (ABA) for approval. It is an outstanding work. The West Coast proponents would severely restrict the role of government in the life of a child even to excluding thousands of neglected children needing help. They are content to help most children in need of help, but whether most means leaving out 49 or 10 percent is debatable.

(2) The Left: One effective and authoritative spokesman for this group is Douglas Besharov, Director, National Center on Child Abuse and Neglect, Department of Health, Education, and Welfare, Washington, D.C. Besharov can back his views and proposals with recognized national authorities. Professors Sanford Fox and Sanford Katz, together with Besharov's committee, have credentials similar to the right or West Coast. There is no way to settle differences by weighing credentials. The East and West Coast are loaded with credentials.

HEW either has or will issue model statutes and standards on every conceivable aspect of neglect and abuse. The East Coast Group would greatly expand the role of government in the life of a child. Of course, this is done under considerable congressional direction. The Mondale Act classifies "mental injury" as child abuse. A mother yelling at her child in the backyard would be registered as a child abuser. If the East Coast (HEW) has its way, by year 2,000 there could be more social workers than any other profession in the nation.

Several examples of East Coast thinking are explained in a letter I directed to Besharov a few months ago. It was printed in the February issue of the National Council of Juvenile Court Judges' newsletter. I explained that in the proposed HEW criteria for foster homes, the children would have concerts, plays, etc. HEW set standards where the majority of parents will need a court to declare their children neglected in order for youngsters to receive these necessities of life (by HEW standards).[1]

If one could determine how the two philosophies affect specific wording in proposed model statutes or standards, it would be like fighting two tons of feathers. These documents total hundreds and hundreds of pages. I only recently found time to review the Model Act to Free Children for Permanent Placement, with commentary, developed by Professor Katz and his very "credential laden" committee. Of course, termination of parental rights is only a small fraction of the scope of neglect and abuse. However, it is not hard to choose a few parts of this proposed statute that would hardly fit the West Coast philosophy. Example: The grounds for involuntary termination are much broader than West Coast would seriously consider to adopt.

Judge Jean L. Lewis, Circuit Judge, Portland, Oregon, said, "Section 4(a) (3) (iii) indicates that the construction of a parent-child relationship will greatly diminish the child's prospects for early integration into a stable and permanent home. If the goal is to reunite a child and his parents, then it seems that every reasonable safeguard must first be found to get the child back in his home. At what point does continuation of a relationship diminish the child's prospects for early adoption?" This is one of many, many observations that could demonstrate how difference in East and West Coast philosophies would lead to different model acts and standards.

There are many factors in the development of model acts and standards that have little or no relation to philosophy. At this point there is little about which to debate. Both the East and West Coast handle these matters with equal excellence. I refer to such matters as found in section 16 of the Model Termination Act developed by Professor Katz. This requires a report within 90 days after the order of termination by the agency as to long-term placement, etc.

I, of course, highly favor the Model Termination Act drafted by the Neglected Children's Committee of the National Council of Juvenile Courts Judges (NCJCJ). Without trying to balance the merits of these various model acts, note that the NCJCJ Model Termination Act (funded by the Edna McConnell Clark Foundation) is vastly improved over the 50 termination laws now in effect in several states. It is "legal as hell" because it was drafted primarily by juvenile court judges, with heavy reliance on behavioral scientists.

We should consider section 12(b) of the act drafted under Professor Katz's direction for HEW. This proposed model act provides that in cases where the natural father's identity is unknown to the petitioner, the court may ask the mother about the natural father, but "may not compel disclosure by the mother." The juvenile court judges who developed the NCJCJ Model Termination Act would never approve such a provision. The Supreme Court, in the *Stanley* case, provides that the natural father be given notice and certainly, before publication, every effort must be made to give personal notice. Such a statutory provision will result in litigation that should be avoided. I have a petition before me in the Wayne County juvenile court to set aside an adoption. The natural father claims due diligence was not used to locate him before publication was used to give him notice. Regardless of what happens in these cases, it is best to avoid litigation over whether or not service is proper.

I do not say these things critically. I say them analytically. How can two groups of behavioral scientists and representatives of the legal profession develop such opposite views and recommendations? Let us list all possible reasons which, together, exhaust the possibilities. Remember, I have seen no minority reports from either group.

(1) There is careful selection of those serving on each committee concerning their preconceived views;
(2) The impact of leadership in each group determines the broad philosophical approach to the matter under consideration; and
(3) The third possibility is that a combination of the first two account for a result that could not happen once in a billion times.

Suppose we take 70 behavioral scientists, each with impressive credentials. We randomly divide them into two groups. Then, the two groups consider the same subject and arrive at different views and philosophies. The two groups differ as much as heads and tails on a coin.

Such a result does not occur solely by chance. It would be like tossing a coin in the air and correctly predicting the outcome 70 times in a row. That is one chance in a billion. It would not happen by chance in an eternity. Thus one way or the other the conclusions reached by the East and West Coast are determined before any meeting or consultation with behavioral scientists. Why have committees in the first place except for prestige purposes!

The following exhibits[2] are for your consideration.

Exhibit One is a letter to Professor Wald, dated February 24, 1975. The 1975 draft has been changed somewhat but is essentially the same. I prepared a report to the NCJCJ last week recommending that it oppose this committee's report, and I did point out that it was useful as a counter-balance against the equally extreme views of HEW. This report is too lengthy to include here. It has not yet been approved by NCJCJ. It expressed my views, and I will be glad to furnish a copy to anyone on request.[3] Exhibit Two, relating to the East Coast position, was directed to Besharov, dated September 4, 1975.[4] Exhibit Three is a two-page excerpt from the February issue of the NCJCJ newsletter.[5] My correspondence and statement concerning HEW standards and model laws are numerous and lengthy.

We have discussed the left (East Coast) and the right (West Coast). We should clearly indicate another alternative. I labeled this the "Center" only because it is the only ground remaining. All other territory is occupied by either the right or the left.

It is, however, misleading to label this position the Center. The position of this large but ignored group expounds no philosophy that would lead us into either of the other two positions. The group labeled (or mislabeled) the "Center", believes we should rise above principle and be practical. This group is well aware that with perfect logic one can proceed to the grand fallacy.

Thus, in the development of model acts, standards, regulations, etc., there should be a massive injection of the views of several juvenile court judges.

(1) These judges should help draft the project, and should also be present at the discussion stage. It is not worth a damn to be called in after the project has jelled. Having experienced this, I know very well that my presence at one meeting only constitutes "tokenism." It can then be said that NCJCJ was included. Nonsense!

The failure to include a massive injection of the thinking of juvenile court judges is an old and respected abuse. Perhaps the most flagrant example of this occurs in the "Task Force Report on Juvenile Delinquency and Youth Crime" printed in 1967 and issued under the names of Katzenback and Vorenberg. To lend authenticity to the report, five juvenile court judges are listed as advisors. My name is one of those. Four of the five judges listed were never consulted concerning this document. The Supreme Court has quoted this report as the Bible of authority in no less than three decisions. Much of the report is unmitigated nonsense. Much of the task force staff came from HEW.

Vorenberg was the executive director, and if he did not know juvenile court judges were completely excluded from the project, then he did not know what the hell went on in the project. That is what I think happened. His staff wrote and/or assembled the report, and then added names to impress everyone.

I want to clarify that no one has misused judges' names in relation to any neglect and abuse project. The East and West Coast may not desire massive injection of judicial thinking in their projects, but they have not misrepresented or claimed support they did not have. However, I want to strongly stress that the Center has been, with a number of exceptions, either ignored or given only token representation.

(2) How many judges should serve on the committees responsible for drafting model acts, regulations, etc.? When Professor Katz was good enough to invite me to one of his committee meetings in New York, there were several judges and behavioral scientists, etc., present. The same situation existed when I visited Professor Wald's committee in California. I received lengthly material from Mr. Besharov after it was drafted, and I knew by merely thumbing through it that he excluded any extensive judicial input from the draft. Frankly, the situation should be reversed, and all these committees should contain ten judges to every behavioral scientist instead of ten behavioral scientists to every judge.

(3) How should judges be selected to participate in these projects for writing model acts, standards, etc.? The few judges who have been asked to serve on these committees by either the East or West Coast have been well-qualified and experienced. Their views should certainly be heard. However, the judges selected have seldom represented the views of a vast majority of juvenile court judges. This indicates the very skilled way in which these committees are set up and composed. It also may account for the strong division between the East and West Coast.

Ideally, the president of the NCJCJ should nominate five or ten judges for these committees in addition to those selected by the chairman or director of the project. As a matter of fact, the judges who served on these committees for the East and West Coast are as intelligent and well-informed as any of the 3,000 juvenile court judges in the nation. I have had several on the committees I have chaired, and their contributions were second to none. There is no question of the ability of the East and West Coast to select intelligent, experienced, and highly capable judges. However, if the president of the NCJCJ had been permitted to inject the massive thinking of a considerable number of perhaps less gifted judges into the development of these model acts and standards, we might not have such fractured and fragmented recommendations that will surely confuse state legislators and everyone else. HEW and IJA-ABA are a million miles apart, and NCJCJ is somewhere in the middle.

Both the East and West Coast either have or will have a very legitimate complaint should they try to massively infuse judicial thinking into their projects. I do not want to suggest judges are busier than professors or others in the behavioral sciences, but sometimes it is damned hard to get judges to take time from court to work on a project. I know this because I am a former president of the NCJCJ, and have been a member of at least 75-100 judges' committees in the past 16 years. Recruiting judges to work on these projects is frustrating. No committee that I ever served on or chaired worked harder than the NCJCJ Neglected Children Committee. I have chaired this committee for two and one-half years, and we have developed an excellent model terminating act. It has a good chance of being adopted without changes by the Michigan Legislature this year. The Edna McConnell Clark Foundation financed the project. It takes judges only a small fraction of funds to produce excellent model legislation as compared to the East or West Coast projects. A camel is a horse designed by a committee. After reaching a certain point, the larger the committee, the more likely the end product will have several "humps."

The East (HEW) presents the greatest concern. Legislatures and state governments follow the federal dollar like a hound dog follows a rabbit. I personally believe HEW should not issue model legislation and standards. The injection of the federal government in this role is a two-edged sword. Neither IJA-ABA or NCJCJ can use federal grants as bait to impose undesirable uniformity in the 50 states. The federal government should stay out of this business.

Two weeks ago the casework services director of the Wayne County juvenile court came to me with a case where the baby was found dead after being released from a hospital that had a grant to treat drug and alcohol addicts. It is not unusual for heroin-addicted women to be admitted to the hospital, give birth to a child, and both be treated because of heroin addiction. This hospital fears to report abuse cases that Michigan law mandated be reported prior to release of the child. But the experts in Washington decided to delve into the very complex business of confidentiality, and through law and regulation make it a violation for the hospital to report these cases. We are going into federal court hoping to receive a declaratory judgment to have these cases reported. This is not the first child that has died that could have been saved if reported under the state statute, but was not reported because the federal government stuck its nose into something better left to the states.

The state can complicate the very complex problem of confidentiality without receiving any help from Washington. There is no special wisdom in Washington, and all states had laws on this subject. There was no valid reason for the federal government to be involved unless to make more jobs for a larger bureaucracy.

The business of promulgating standards, model acts, etc., by HEW has a far different result than when accomplished by IJA-ABA or NCJCJ. The states can take it or leave it when these organizations get involved. But Congress and HEW have clout. Many states have taken the bait on the Mondale Reporting Act in order to receive federal funds. The states should decide whether "mental injury" or "yelling at a child in the back yard" is a proper act to be subject for a reporting system under child abuse. The end result may be a monolithic system imposed on the 50 states as a result of enforcing uniformity through the bait or requirement of federal grants.

We have not come that far down the road. Much that was good when I went on the bench in 1960, both in behavioral sciences and law, is now considered bad, and much that was considered bad is now viewed as good. We need another two or three decades of variety, experimentation, diversity, and massive noninterference by HEW. After we finish writing all the laws, model statutes, and regulations, the social worker will be the most important factor in handling neglect and abuse cases. I say this in all due respect to the rest of us who work in the system.

When the year 2,000 rolls around some of you here today will still be debating the role government should play in the life of a child. Maybe if you keep a copy of this statement in your files, you will find that much of what I have said will remain relevant in the twenty-first century.

If the East Coast (HEW) has its way, over a period of decades the social worker will present as big a threat to our way of life as the atomic bomb. If the West Coast gets its way, tens of thousands of abused and neglected children will not receive protection. In the meantime, whether you are a caseworker, a judge, or whatever, just keep on handling your caseload. The greatest sense of achievement I have received from hearing a multitude of abuse and neglect cases is that in applying my very best thinking and efforts, I am convinced that life for these children has been improved because I have been allowed to serve in this time and place. A judge must have gray hair to look distinguished, and hemorrhoids to look concerned. But most important, he should realize he is not infallible. I view myself as a concerned, inquisitive, and learning alchemist.

My personal wish for each of you is that when you approach retirement, as I do now, that you will have some measure of my sense of fulfillment that comes from working in one of the most demanding of all professions. I refer to anyone whose work concerns troubled children. Neither you nor I must depend on the East or West Coast, or the Center, in order to make our own unique, exceptional contribution to our time and place.

FOOTNOTES

[1] Louis W. McHardy, "Lincoln Speaks Out On Proposed Standards," *Juvenile Court Newsletter*, 1977, 48 (1), 10.

[2] Exhibits have been omitted here because of space limitations. Interested readers may contact Judge Lincoln directly (ed.).

[3] James H. Lincoln, Letter to Professor Michael S. Wald, (February 24, 1975).

[4] James H. Lincoln, Letter to Douglas Besharov (September 4, 1975).

[5] McHardy, "Lincoln Speaks Out" p. 10.

Child Abuse Legislation

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My paper is divided into three parts: initiation of legislation; introduction of legislation; and, legislative trends in child abuse treatment and prevention statutes.

INITIATING LEGISLATION: ORGANIZATIONS AND THE PUBLIC

The public must become more aware of the growing problem of child abuse, and what legislative action is being taken or can be initiated in this area. There are numerous social legislation advocates competing for attention and dollars at the state and national levels, so it is important to define the problem, and determine how much legislation and/or dollars are needed. Social legislation has a major impact on millions of people, and a steadily growing proportion of state and federal budgets is being devoted to it. Since inflation causes the dollar to be spent at its peak efficiency level, expertise is a necessary element in drafting social legislation—thus, the social legislative advocate.

There are essentially three ways an idea or problem may be brought to the attention of a state legislature: the legislature, or a legislator, may act on its own; the legislature may react to public outcry on a particular issue; or interest groups may bring a problem or an issue to the attention of the legislature. My paper deals with interest groups and their attempts to make legislatures recognize problems in the area of child abuse and neglect.

Social organizations, such as child abuse organizations and agencies, have substantial power because of their knowledge of problems and effects within certain systems. These organizations must learn to use wisely this knowledge and power. One must remember that ideas are more effective if based upon a realistic assessment of what can be achieved. Though initiative is encouraged in developing ideas for child abuse legislation, no idea is viable unless supported by substantial facts and public support.

One of the primary steps to initiate legislation effectively is to form a broad base of supporters. Involve as many diverse groups and individuals as possible. Examples of groups which have been involved in child abuse legislation are: law enforcement groups, attorneys, child abuse agencies and clinics, the League of Women Voters, child protective service organizations, medical groups, education groups, and others. Usually no single group can lobby a package through the state legislature, so coalitions are commonplace in the legislative arena. Coalition groups hit hardest those who urge numerous social changes, and also allow the public to identify with at least one of the groups.

There are several models which reappear in child abuse systems throughout the country. In order to form an effective coalition, the groups working out of these models must first educate each other. The establishment of an open communication network between different organizations and groups concerned with child abuse is essential to the coalition. I feel it worthwhile, for the purpose of illustrating system differences, briefly to outline four models and how they envision child abuse.

The Medical Model. This system usually is composed of physicians, hospital personnel, community health centers, medical schools and related facilities. The system usually proceeds as follows: the battered child is recognized; the child is protected, if necessary, through hospital retention; the medical staff heals any bodily or emotional ills to the extent possible; they report any suspected abuse or neglect; and, on a limited basis, they encourage treatment or rehabilitation of parents or guardians involved.

Due to the separate and diverse factions composing this sytem, it is difficult to establish a well-coordinated and integrated team approach to child abuse. The private physician often plays a much smaller role in the medical model due to time, interpersonal skill, court activity, and financial limitations.

The Legal Model. The development of more inclusive, mandatory reporting laws allows for development of public awareness, which in turn triggers action. Broadening the base of those mandated to report (expanding from physicians to relatives, neighbors, friends, teachers, school nurses, social workers, and public health nurses) is a current legislative trend. The immunity clauses in such legislation protect and motivate people to report abuse and neglect. Immunity exists under presumption of good faith. Presently, controversy exists over providing criminal sanctions for the failure to report a case of child abuse, molestation, or neglect.

The Role of the Educational System. The educational system has constant contact with children, placing it in a promising position. Educators must cultivate an increased awareness of the problems of child abuse, promote legislation, and develop prevention/intervention programs.

Since schools can be an important force in combating abuse, the question arises as to why they are not involved more extensively. In some states, they are not acknowledged by reporting laws. These laws do not provide for mandatory reporting by educational officials or immunity for such reporting. This causes school officials to be leery of involving themselves in abuse cases. Also, politics is involved because the parents are voters, and their votes affect the educational system. Finally, schools feel that even if they report abuse, they cannot interfere with parent-child relationships, or offer any treatment. A possible solution to this dilemma might be to enact legislation allowing more freedom for schools in relation to child abuse.

The Social Service Model. Traditionally, child abuse problems have been the responsibility of state protective service agencies or welfare service programs. These agencies are composed largely of caseworkers. Basically, their procedure consists of: the identification of abused and neglected children; the treatment of parents or guardians; placement of children, if necessary; and follow-up programs. The first priority of this model is the protection of children. This system involves medical, legal, psychiatric, and educational aspects of the problem. Many social agencies also try to provide options to the parents or guardians involved. One inherent problem in this system is the high turnover in protective service workers. This may be due to the enormous pressure caseworkers experience, and the fact that it is a 24-hours a day, seven days a week job. Also, increased public awareness compounds these problems by increasing the case loads workers must handle. We must also remember intervention by government in parent-child relationships is an emotionally charged issue, and often the caseworker can provide only a temporary solution.

The child abuse issue is complex and requires the multidisciplinary input from all groups concerned with health, education and welfare of children. Organizations must pool their resources and their contacts. They must educate each other concerning relevant matters. They must establish a network of communication which can effectively organize facts, experience of agencies or groups, comparisons of other state systems, comparisons between agencies, possible alternatives, suggestions and ideas, and present problems in existing systems. Coalitions must recognize the various models of child abuse systems, the ramifications of each, and of each combination of systems. Also, most efficient use of resources must be stressed. This is where expertise is essential in synthesizing systems and ideas.

While groups educate each other, they must reach out to the public. Community awareness of child abuse and neglect did not heighten until the early sixties. This resulted from a lack of medical and technical tools which aid in differentiating accidental and deliberate injury or neglect. Also, before this time adults preoccupied themselves with social, economic, and physical survival, leaving little time for child developmental needs. Finally, there existed almost sacred rights of parents to treat children as they saw fit. Armed with hard scientific data, physicians first highlighted child abuse as a national problem.

Since the sixties, the public has slowly started reacting to the problems of child abuse. Increased awareness provides, at least, support for governmental intervention in crisis situations. However, agencies must still overcome the fear of potential governmental intervention in a nonabusive situation. Many opponents of legislation, in reality, oppose an overreaction and a resulting imbalance of authority to the Orwellian concept of total government control of family life. Therefore, community education and well-planned legislative proposals are keys to a successful effort. Involvement of key community leaders and the general public is essential. Letters and phone calls from constituents capture a legislator's attention, particularly when they come from people who do not directly benefit from the institution of programs as related to jobs and salaries. A ground swell of public opinion is easy for a legislator to spot. Therefore, the public must be educated, involved, and encouraged to accept the proposals. Caution: be prepared for increased reporting as a result of awareness.

Once a coalition is formed and an accurate pool of materials exists, community education has been accomplished, and it is time to meet with legislators if contact has not already been made. A well-informed person from each group, and an overall coordinator should be chosen to present the proposal to a receptive sponsor. Present him with an outline of legislation, keeping in mind past and present law.

Obviously, the use of coercive tactics will be counterproductive under most circumstances. Such attitudes will harden or activate opposition, and will destroy future contact or access to those legislators involved. This should be remembered when selecting group representatives.

Legislative staffs cannot be ignored. They have considerable impact on the legislative process by drawing attention to certain problems and issues, and developing data in support of, or in opposition to, certain legislative proposals. Staffs are also more accessible to group advocates, and can be instrumental in planning legislation, contacting legislators, and arranging testimony.

INTRODUCING LEGISLATION

As a rule of protocol, first contact the committee chairperson, then contact the members. Bring a reasonable number of representatives from your groups. Representatives should be well prepared, organized, and have documented facts to answer a variety of questions. It is always beneficial to have representatives with established credibility, and who have no political ties (a known Democrat may lose Republican votes and vice versa).

When the advocate enters the legislative arena, he must expect compromise. Distinct and conflicting interests are usually encountered. These interests must be reconciled and a temporary coalition formed in order for the legislation to have a chance of passing. Remember, it is easier to kill legislation than pass it. However, beware of overcompromising the substance of the bill.

Select articulate spokesmen who are knowledgeable and confident to present testimony at committee hearings. Administrative staffs of the agencies which will implement the programs are another source of influence. In formulating policy, legislators depend heavily on the technical expertise of legislative liaisons, researchers, and planners. It is unwise to overload testimony. Pick a few persons who represent a variety of groups; refine the testimony; and, hold mock sessions if necessary.

Do not forecast the legislator's position based upon his past actions or voting records. Know what votes are in your favor. If it appears the vote will be in your favor, be relatively quiet. If not, promote your legislation firmly, but be cautious not to close future doors.

If the legislation passes from committee, it goes to the floor for debate. First, approach the leadership because they are usually the power bases. Next, go to the individual legislators. Again, count the votes. A program is not worth the paper it is written on if you do not have the votes.

The same procedures are used should the legislation pass from one house to the other. Stay on top of the legislation all the way to the governor's desk.

LEGISLATIVE TRENDS

Model legislation currently exists in the area of child abuse. Its purpose is to protect the best interests of the child, prevent further abuse, preserve the family unit whenever possible, and encourage cooperation between states in dealing with child abuse and neglect.

Before child abuse can be examined, it first must be defined. Is it a series of physical actions or lack of actions? Is it revealed in the physical evidence of harm done to a child? Does it include sexual molestation which may result in no visible physical injury? Is it evidenced in severe emotional problems? Is it verbal as well as physical abuse? Many states, like Arizona, include "mental injury" in their legislation. Also, the variety of religious and ethnic groups in this country pose a problem because different values and child rearing practices must be preserved as individual rights.

Child abuse cannot be handled effectively if it is not recognized. Arizona has taken steps to conform to the trend of expanding mandatory reporting laws. Also, immunity for those reporting abuse is part of the model legislation. This was discussed in more detail earlier in the paper.

The model legislation provides for mandatory medical examinations or coroner postmortem examinations (should death occur), and includes procedures for such reports. The legislation also authorizes protective custody should there exist a situation in which there appears to be imminent danger to a child's life or health.

An interesting trend in legislation is the belief that since a child has the right not to be abused, he or she also should have access to legal representation. This brings a major issue into light: what are the legal and moral rights of individuals vs. those of institutions? The first step in dealing with this issue is to create an awareness of the current rights and responsibilities of individuals vs. institutions in each state. The next logical step is to draft legislation so no questions can arise as to who has what rights. If holes exist in the laws, the courts are sure to find them...eventually.

A strongly voiced idea calls for creation of a central receiving agency for data on child abuse and neglect. Such a central agency will serve several functions: (1) it will enable citizens to identify more easily those places where abuse can be reported, and thus increase reports; (2) it will facilitate accurate and complete record keeping; (3) it will provide information concerning statistics, legal intervention, treatment, and allow follow-up studies; (4) it will enable identification of repeated abuse; and, (5) it will formulate a body of data from which research may be initiated and maintained.

The research generated by such a system could be immeasurable. Long range effects of child abuse (retardation, emotional disturbance, or neurological damage) could be examined. Generational cycles of child abuse--abused children becoming abusing parents--could be identified. The effectiveness of various treatment programs also could be compared. These are only a few possible topics which could be researched. However, record centralization is a very controversial issue, and must be approached very carefully.

In order to deal with child abuse, we must ultimately examine and resolve these issues. The legislature is a major component in resolving them.

CONCLUSION

In conclusion, I want to reemphasize the major points in child abuse legislation. First, the public must be sensitized to the problem of child abuse and neglect. Second, no one group or organization can stand alone in advocating legislation or in implementing effective programs. Third, a system concerned with child abuse cannot function without the support of the community or use of its resources. Finally, an open communication network between the organizations, the legislature, and the public is vital to any social program.

The Role of the Legislator in Child Abuse and Neglect

Jan Meyers, State Senator
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Overland Park, Kansas

During our just-completed session of the Kansas Legislature, I introduced a bill, now passed by both houses and signed into law, which expanded our child abuse and neglect reporting act. The bill calls for:

1. Several professions to be added to those already mandated to report;
2. A peace officer to take a child into protective custody for 48 hours if a judge is not immediately available, and if the child is in imminent danger;
3. The reporting of a death due to suspected child abuse to a coroner;
4. Information programs to be conducted by the secretary of SRS;
5. The safeguarding of one's job, if it is jeopardized because the person followed the law in reporting a case of child abuse and neglect; and
6. The exchange of information concerning child abuse and neglect across state lines if laws of confidentiality are equally strict in both states.

The first changes in the former bill were suggested to me by the Kansas Chapter of the National Committee for Prevention of Child Abuse and Neglect. I then was contacted by nurses, pediatricians, policemen, and teachers. The final bill resulted from working throughout the summer with these groups. When the bill was prefiled in December, it had solid support because it was not my bill, but theirs. They testified at committee hearings and wrote letters.

Regarding the problem of child abuse and neglect, I think state legislators have three major responsibilities. We must first ensure the state has a good child abuse and neglect reporting act, and that it meets the needs of the people and respects their rights. Along with some of our time-honored concepts (that are good and valid) concerning the sanctity of the home, the right of the parent to discipline, and the importance of the confidentiality of records, we must give equal weight to the concept of advocacy for children, who, in some cases, desperately need our help.

In the bill just described, the most controversial portion was the section authorizing a peace officer to take a child into protective custody for 48 hours if the child is in imminent danger, or if a judge is not immediately available. There were numerous questions about this section, and several legislators received petitions which spoke of "the right to discipline," but the bill passed the Senate with 40 yeas and no nays.

Part of the legislator's job is to continue educating people. After all the magazine and newspaper articles, television shows, and meetings, we must continue educating people about the problem of child abuse and neglect. As elected officials we must continue saying we have no desire to interfere in the home or to stop the disciplining of children unless, within that home, and in the name of discipline, a child is being injured or killed. We do not want to replace the family with the government, but we must protect children who are being hurt.

So our first responsibility is to ensure our states have reporting laws that are comprehensive, responsive to the needs of children, and respectful of people's rights.

Our second responsibility as legislators is to provide funding for an adequate number of child protective workers with bearable case loads; provide them with treatment alternatives and resources such as foster homes, emergency shelter, day care, and home visitors; and assist parents in becoming more competent in their parenting role.

Our third responsibility is to provide impetus and funding for prevention of child abuse and neglect. We must:

1. Fund and provide adequate family planning services for those who need and want them;
2. Continue our research in order to determine who our vulnerable families are. We must be willing to try pilot programs, and then follow through and determine what is and is not effective; and
3. We must provide the impetus, state planning, and funding for parent education. This is complex and difficult. It will be controversial. Those people who worried

about the sanctity of the home and the right to discipline will express concern about education for parenting.

Also, education is complex and difficult to deal with because there are so many different ways to undertake it, and we have no extensive experience with any of them. Do we make education mandatory in high school, junior high, or earlier? If it is not mandatory, will the ones needing it most take it? Should we offer it alongside social studies, biology, and home economics, or in community colleges and churches after people have become parents? If so, how will we attract people to these places? As a Menninger Foundation child psychiatrist suggested, maybe we should give parents a tax deduction if they pass a test covering a televised course on parenting. Not a bad idea! Helping people with parenting calls for a statewide plan with participation from all professions, disciplines and agencies.

However, we sometimes bog down in complexities. What we are really trying to do is help people feel good enough about themselves to nurture another small human being; to understand the scope of responsibilities in maintaining a sound happy family system; and to develop the skills necessary for raising children. That should not be so hard.

Betty Caldwell, my favorite expert on parenting, believes we can start by teaching six basic elements that would fit all subcultures and are not offensive or controversial:

1. The importance of loving your child;
2. The importance of interacting emotionally with your child--talking to, holding, and playing with your child;
3. The developmental milestones: at what age does a baby sit up, walk, and say "daddy;"
4. Basic health care and nutrition;
5. The importance to a child of predictability and stability in his life; and
6. The importance of parenting: how important you are as a parent to that child, especially during the first five years, and how important it is to the parent, child, and society that parenting be done well.

Caldwell also said if objectors say there is no time for parent education in the school system, "Then take out algebra." She does not really mean remove algebra, but that phrase does state what our society considers important. We have given top priority to algebra, and no priority to parenting.

To summarize, this is how I view the role of the legislator as related to child abuse and neglect: to provide a good reporting act; to provide funding for child protection workers and treatment alternatives; and, most importantly, to work for prevention.

Child Abuse: Whose Problem?

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Child abuse is a "hurt" for all communities. Children from all social and economic classes are its victims. Abuse and maltreatment of children transcends class, sex, race, and national origin, and is a frightening problem in a troubled society in which the individual is dehumanized and the family fragmented and torn apart.

In 1975, over 2,800 cases of child abuse were reported in Pennsylvania. In 1976, the last nine months of which saw the operation of the new statewide hotline, more than 6,400 suspected cases were reported. How many go unreported we never really know—until they make the news as a death statistic or an especially offensive case.

In attempting to curb what appears to be an epidemic of child abuse, I introduced Senate Bill 25 at the beginning of the legislative session in January 1975. The bill is a comprehensive proposal, redrafted after the governor's veto of an earlier child abuse bill, Senate Bill 1166, and attempts to present a coordinated attack on the problem. In an effort to satisfy the governor's objections to Senate Bill 1166, Senate Bill 25 underwent five legislative drafts before reaching final form. The bill was unanimously passed by the Senate (45-0), on April 28, 1975, and then overwhelmingly passed by the House (169-22) on October 15, 1975. Finally, on November 26, 1975, the governor signed the bill and Act 124 became law.

Pennsylvania's prior child abuse law was enacted in 1967. This act merely required doctors, school nurses, and teachers to report suspected cases of abuse to county child welfare agencies. Since the prior law was enacted, there have been almost 10,000 cases of child abuse sufficiently serious to be reported in Pennsylvania. During 1968, the first full year of required reporting, there were only 568 cases. And although the number escalated in recent years, most experts feel this is only the "tip of the iceberg."

Though most people are horrified and greatly disturbed when they read about particularly horrible cases in the newspapers, the question remains why only the "tip" of this problem is exposed. There are several answers. They include:

1. Far too many persons seeing suspected cases turn away and deny the existence of abuse or neglect;
2. Many persons are unknowledgeable about the established protective service system, and do not believe that if they report a situation there are adequate services available;
3. They fear retaliation despite the guarantee of the law that they are immune from prosecution for good faith reporting; and
4. Some, most sadly, just do not want to get involved.

In an attempt to modernize and reorient the former law, Act 124 presents a comprehensive vehicle to detect and report child abuse so as to prevent its recurrence. Presently, abused children urgently need an effective child protection service to prevent them from suffering further injury and impairment. Child abuse is a recurring thing. Most child-abusing adults were abused as children. The purpose of this act is to encourage more complete reporting of suspected child abuse cases, and to establish in each county a "child protective service agency" capable of investigating such reports swiftly and completely.

This proposal also provides children protection from further abuse by making rehabilitative services available for children and parents to ensure the child's well-being, and to preserve and stabilize family life wherever possible. A recent survey indicates 85 percent of a sample of juvenile delinquents studied were abused before the age of six.

The prior law was a weak reporting statute with no uniform definition of child abuse, and no safeguards protecting the data now stored in the central register. Presently, 67 different county agencies operate independently and with varying degrees of success. Too often, cases of child abuse are not detected until it is too late, and even then teachers, caseworkers, and judges are frustrated by the technicalities in the law which seem to ignore that children also have rights.

Act 124 provides the following:

1. Defines abused child as "...a child under 18 years of age who exhibits evidence of serious physical or mental injury not explained by the available medical history as being accidental, sexual abuse, or serious physical neglect, if the injury, abuse, or neglect has been caused by the acts or omissions of the child's parents or by a person responsible for the child's welfare provided, however, no child shall be deemed to be physically or mentally abused for the sole reason he is in good faith being furnished treatment by spiritual means through prayer alone in accordance with the tenets and practices of a recognized church or religious denomination by a duly accredited practitioner thereof or solely on the grounds of environmental factors which are beyond the control of the person responsible for the child's welfare such as inadequate housing, furnishing, income, clothing and medical care;"
2. A statewide toll-free hotline, operating 24 hours a day, seven days a week, to make reporting easier;
3. Expansion of the categories of persons required by law to report cases;
4. Immunity from civil and criminal liability for any person who acts in good faith in reporting suspected child abuse;
5. A modification of the rules of evidence in juvenile court to take into account the realities of child abuse;
6. A temporary protective custody provision to protect children in emergency situations;
7. Mandated rehabilitative services and child protective services in each county;
8. Establishment of a "pending complaint file" of child abuse reports under investigation; and a "statewide central register" which shall consist of founded and indicated reports; and
9. Strict regulations and procedures concerning the confidentiality of records.

The protective custody provision permits a child to be taken into temporary custody only by an examining physician or by a director of a medical facility for a period no longer than 24 hours when necessary to protect the child's life or health. This section also requires that such limited protective custody take place in a medical facility or other appropriate facility approved by the state department of public welfare. In no case may the protective custody be maintained longer than 72 hours without a detention hearing before a juvenile court judge, who decides what the child's welfare requires.

The record-keeping duties of the department play a very vital role in combating the problem of child abuse. If a person suspects a possible case of abuse, he may call a report into the hotline or to the Child's Protective Service (CPS). Thereafter, the initial report will be recorded in a "pending complaint file" and such information will be accessible only for the official duties of the designated employees of the Department of Public Welfare. Then, only upon a follow-up investigation and determination by the CPS that the report is "founded" or "indicated," the report will be entered into the central register. This provision will deter hospital-skipping (frequently used by abusers to avoid detection), aid physicians in identifying prior patterns of abuse, and very importantly, provide monitoring to ensure that the local child protective agency promptly investigates suspected reports and provides necessary services to the child and parents. New York State, which already enacted similar child abuse legislation, has experienced astonishing results since the installation of the central register and hotline system. In 1972, prior to the register's operation in New York, only 3,319 reports of suspected child abuse or maltreatment were received. For the first full calendar year in 1974 an unprecedented total of 29,912 reports involving 59,636 children were received.

Detailed regulations of the statewide register and pending complaint file are aimed at preserving the privacy of the persons involved, while at the same time maximizing its function to determine incidences and patterns of abuse. The following safeguards are built into the bill to protect such confidential information:

1. Access to the central register is limited to the CPS and only upon positive identification by the department;
2. Immediate expungement of all "unfounded" reports;
3. Procedures permitting the subjects of reports to amend, seal, or expunge the records of the report;

4. Initial reports which are not determined to be indicated or founded within 60 days of receipt will be expunged completely; and
5. Restrictive limitations on the information to be contained in the pending complaint file and central register.

A major new emphasis in Act 124 is in rehabilitative services. So often complaints are heard, "Why should we report these cases; nothing happens anyway." Act 124 mandates a child protective service agency in each county which shall provide multidisciplinary teams, counseling, homemaking services, and other supportive services needed by a family with abused or deprived children. Other states have first legislated an improved reporting and detection system and later provided for follow-up social services. In Pennsylvania, Act 124 attemps to do both in one comprehensive piece of legislation.

Some concern has been expressed about the rules of evidence section in Act 124. To those who argue there are constitutional problems, I urge a review of the New York court decisions which uphold the constitutionality of a similar provision in the New York law. The controversial section permits a juvenile court judge to take into account the realities of child abuse in juvenile court proceedings. As you know, the majority of child abuse cases occur within the home. It is very difficult for the prosecutor to sustain the burden of proving nonaccidental injuries to a child as abuse. Because of the lack of witnesses many cases are summarily dismissed in juvenile court only to reappear later at a hospital, all too frequently with greater inflicted harm. Act 124 includes provisions that take into account the secrecy of the infliction of child abuse. When the physical evidence shows that the gross physical neglect or injury is not explained by available medical history as being accidental in nature, the person alleging an accident has the responsibility of satisfying the juvenile court judge that it was an accident rather than abuse. This slight modification would apply only in juvenile court, where the welfare of the child is supposed to be the only issue. It would not apply in any subsequent criminal proceeding, should a district attorney decide the facts warranted criminal prosecution. Many juvenile court judges strongly support this change in the juvenile court proceeding.

It is hoped that with the passage of Act 124 more than just the "tip" of the child abuse problem will be visible, and that more and more persons will become involved and help us deal with this problem. Unless we recognize the need to take compassionate action to improve the plight of these children, we consign them to a life of continuing peril and deprivation. From the most practical and humanitarian point of view, increased protection and rehabilitation of such children certainly is more effective than dealing with the hardened results of frustration and aggression. I hope Act 124, when properly implemented and sensitively applied, will achieve the goals of protection and rehabilitation, responding to the cries of thousands of helpless infant victims.

Adjournment in Contemplation of Dismissal: A Legal Mechanism for Accountability

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In the field of child abuse and neglect juvenile and family court judges have long spoken of and written about their overcrowded courtrooms and court dockets. Some judges have also sought to establish themselves in the role of a facilitator or catalyst with social workers providing assistance to dysfunctional families. They have felt that the law, as interpreted and implemented by the court, should be more of a treatment tool in the social worker's rehabilitation kit than a club to force unwilling parents to change their aberrant behavior. Many practitioners have also felt that existing child abuse and neglect laws have not afforded the abusing or neglectful parent a legal mechanism to hold the authorized social services agency accountable for the lack of mandated services. In other words, there has often been a lack of confidence in the system which is mandated by the law to provide rehabilitative services to the dysfunctional family.

The New York State Assembly, with the urging of that state's Temporary Commission on Child Welfare, has sought to respond to these important issues through the passage of legislation which utilizes the concept of "adjournment in contemplation of dismissal." The purpose of the new law (Section 1039, New York Family Court Act) is to provide "an expeditious means for affording protection to abused or neglected children and their parents under the supervision of the Family Court and a child protective agency without having to resort to a time-consuming and stigmatizing adjudicatory hearing."[1]

Before we examine the specific sections of this law a general overview of the law might prove helpful. The law attempts, through the mechanism of a quasi-contractual arrangement, to bring about a negotiated agreement between the natural parents (and their attorney), the child (and his attorney), the social services agency (and its attorney), and the court, so that all parties become aware of their responsibilities to each other and their rights under the law and are given notice that they will be held accountable if they breach the contract. Upon the breach of the contract the agreement breaks down and the parties face the adjudicatory phase with its often unsuccessful outcome for any of the parties.

Subsection (a) of Section 1039 provides that:

> Prior to or upon a fact-finding hearing the court may upon a motion by the petitioner with the consent of the respondent and the child's attorney or law guardian or upon its own motion with the consent of the petitioner, the respondent and the child's attorney or law guardian, order that the proceeding be adjourned in contemplation of dismissal. The court may make such order only after it has apprised the respondent of the provisions of this section, particularly subdivision (e), and it is satisfied that the respondent understands the effect of such provisions.

This subsection establishes a legal mechanism to temporarily avoid the both stigmatizing and time-consuming adjudicatory phase of child abuse and neglect cases. There must be a motion made by the petitioner (the Department of Social Services) or a motion by the court itself, with consent of all the parties, that the proceeding be adjourned in contemplation of dismissal. Before the court may make such an order, however, the respondent parent and the child's attorney must consent and the court must be satisfied that the respondent parent understands the legal situation. The court must especially be satisfied that the respondent parent understands Subsection (e) which states:

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> Upon application of the petitioner or the child's attorney or law guardian, or upon the court's own motion, made at any time during the duration of the order, the court may restore the matter to the calendar, if the court finds after a hearing that the respondent has failed substantially to observe the terms and conditions of the order or to cooperate with the supervising child protective agency. In such event, circumstances of neglect shall be deemed to exist, and the court may thereupon proceed to a dispositional hearing under this article and may, at the conclusion of such a hearing, enter an order of disposition authorized pursuant to section one thousand fifty-two with the same force and effect as if a fact-finding hearing had been held and the child had been found to be an abused child or a neglected child.

Subsection (e) provides a means for the petitioner or child's attorney or law guardian to hold the respondent parent accountable to substantially observe the terms and conditions of the order as defined in Section (c) and to establish the fact that the respondent parent is expected to cooperate with the supervising child protective agency. If the court finds after a hearing that the respondent has failed substantially to observe the terms and conditions of the order or to cooperate with the supervising child protective agency, the court may decide that circumstances of neglect shall be deemed to exist, and the court may then proceed to a dispositional hearing.

Some critics of the law have objected to this part of Subsection (e) on the grounds that the fact that a parent who has not yet been adjudicated an abusing or neglectful parent should not be foreclosed from the protection of due process for failing to cooperate with the efforts of a supervising child protective agency. Some have also said that, although they support the intent of the legislation, they felt it would have been better for the legislature to have provided for the holding of a fact-finding hearing before adjourning in contemplation of dismissal while witnesses are still present and evidence available.

Although the criticism is correct, in that a serious question of the due process protection due the respondent parent is at risk, the issue must be faced that if a fact-finding hearing were held before adjourning in contemplation of dismissal the whole purpose of the new law would be compromised. As was mentioned earlier, the purpose of the law is to eliminate the time-consuming and stigmatizing effects of an adjudicatory hearing. It must also be remembered that the respondent parent has, in the first instance, the choice of whether to agree to the adjournment process or to proceed to the adjudicatory state (Subsection (a)). Another factor to consider is the risk the petitioner takes in agreeing to an adjournment in terms of the loss of witnesses and other presently available evidence. During an adjournment period the petitioner's witnesses may disappear or have a lapse of memory. Other necessary evidence may become stale.

On a more practical level, it is unlikely that the petitioner would agree to the adjournment route unless it had confidence that the particular respondent parent was a likely candidate for assistance without the necessity of adjudication.

It is also possible for the court to use the occasion of the hearing mentioned in Subsection (e) to give the respondent parent a last warning before ruling that circumstances of neglect exist. The author believes that this could provide an additional opportunity to perhaps avoid the due process question mentioned earlier.

It should be pointed out at this time that that this law has provided a means whereby the child protective services agency is mandated to account for its stewardship. Subsection (d) provides that:

> Upon application of the respondent, or upon the court's own motion, made at any time during the duration of the order, if the child protective agency has failed substantially to provide the respondent with adequate supervision or to observe the terms and conditions of the order, the court may direct the child protective agency to observe such terms and conditions and provide adequate supervision or may make any order authorized pursuant to section two hundred fifty-five this act.

This section provides that if the child protective service agency does not provide the respondent parent with "adequate supervision" or fails substantially to observe the terms and conditions of the order, the respondent or the court itself may initiate a Show Cause proceeding.

One of the important elements in Subsection (d) is the reference to Section 255 of the Family Court Act. That section states:

> It is hereby made the duty of, and the family court or a judge thereof may order, any state, county, and municipal officer and employee to render such assistance and cooperation as shall be within his legal authority, as may be required to further the objects of this act. It is hereby made the duty of, and the family court or judge thereof may order, any agency or other institution to render such information, assistance and cooperation as shall be within its legal authority concerning a child who is or shall be under its care, treatment, supervision, or custody as may be required to further the objects of this act. The court is authorized to seek the cooperation of, and may use, within its authorized appropriation therefor, the services of all societies or organizations, public or private, having for their object the protection or aid of children or families, including family counseling services, to the end that the court may be assisted in every reasonable way to give the children and families within its jurisdiction such care, protection and assistance as will best enhance their welfare.

One court that interpreted this section said, after reviewing the legislative history of the law, that Section 255 "was designed as a specific remedy to enable the Court to cut through the bureaucracy, fragmentation and lack of coordination which so inhibits the provision of services for families and children before the Court."[2]

The legislature has shown by its reference to Section 255 that its intention is to provide a means for respondent parents to be provided the kind of services needed to overcome whatever present obstacles they have to proper child rearing.

We have seen that this law provides for an adjournment period during which the parties to the action may attempt to avoid the adjudicatory phase and be given an opportunity to have the petition dismissed. To understand the time frame during which this opportunity is afforded we must examine Subsection (b) which states:

> An adjournment in contemplation of dismissal is an adjournment of the proceeding for a period not to exceed one year with a view to ultimate dismissal of the petition in furtherance of justice. Upon the consent of the petitioner, the respondent and the child's attorney or law guardian, the court may issue an order extending such period for such time and upon such conditions as may be agreeable to the parties.

The next issue to be considered is what the adjournment order entails. Subsection (c) states:

> Such an order may include terms and conditions agreeable to the parties and to the court, provided that such terms and conditions shall include a requirement that the child and the respondent be under the supervision of a child protective agency during the adjournment period. Such agency shall report to the court in such manner at such times as the court may direct.

Under this subsection the parties to the action are given an opportunity to agree on a plan to help the parents and to unite the family. Let us take a moment to discuss this subsection because, in this writer's opinion, it holds the key to the success of an "adjournment in contemplation of dismissal." This author believes that the intention of the legislature is that the adjournment order be, in effect, in the nature of a written contract between all the parties stating very clearly what each party is expected to do to fulfill its obligations towards effecting rehabilitation of the family.

In the case of the social services agency their attorney should consult with them before agreeing to any particular treatment plan. The agency attorney must understand his role in this setting. He serves, in effect, as the spokesman of the agency and should not overstate the ability of the agency to perform the services agreed upon. Because the agency will be held accountable for that which they agree to provide, the nature of services to the family in the agreement should be realistic and should be performed.

In the instance of the attorney for the natural parents, he must make sure that his clients understand their obligations under the agreement and their ability to perform. They must also understand the penalty for nonperformance and the effect it will have on their attempt to keep the child with them. The attorney also must attempt to have the social services agency provide the most useful services to the family, and then he must be prepared to hold the agency accountable under the agreement if they fail substantially to provide the agreed upon services.

In the case of the attorney for the child, this writer finds a real weakness in the law in that Subsection (d) does not have a mechanism for the child's attorney (or law guardian) to hold the social services agency accountable for failure to provide agreed upon services to the respondent (parents). As many of us who have represented children know, oftentimes even when rehabilitative services are not being provided by the social services agency the parents (or their attorney) are reluctant to complain or are not interested enough to complain. In other words, they either are afraid of the system or are willing to leave well enough alone. The child's attorney must be an advocate who serves as the fulcrum of the agreement between all the parties. He must, in effect, keep both the social services agency and the parents honest by insisting that the agency actually provide the agreed upon services and that the parents avail themselves of these services so as to bring about, as quickly as possible, a situation which will allow the petition to be dismissed.

The court, of course, has its role to play in the treatment plan. The court must insist upon strict accountability on the part of all parties. It must not lend its imprimatur to an unrealistic treatment plan nor to a plan that will result in no appreciable change in the family circumstances even if successful.

The New York law providing for a legal mechanism in attempting to bring accountability into the child welfare law is a step in the right direction and should be enacted by state legislatures in the same way and with the same speed as the model child abuse reporting laws were enacted in the 1960s.

FOOTNOTES

[1] *The Children of the State I: A Time for Change in Child Care* (Preliminary Report of the Temporary State Commission on Child Welfare, May 1975): 58.

[2] 76 Misc. 2d at 785, 351 N.Y.S. 2d at 606.

Corporal Punishment in the Schools

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This paper deals with some of the legal implications of the use of corporal punishment in our schools. In it I will outline some of the theories and methods of limiting corporal punishment through formal legal action. A review of the common constitutional claims advanced in federal court litigation will be made with a summary of recent court decisions indicating the state of the law today. The possibility of using state court tort remedies against individual teachers, as has been suggested by the U.S. Supreme court Justice Lewis Powell, will be explored.[1] Statutory and agency regulation of the practice will also be discussed. Finally, my own comments on alternatives to attempted legal control of the problem will be offered.

Federal court litigation seeking to end the use of corporal punishment in the schools is usually based on one or more of three basic claims. The first and primary basis is that corporal punishment violates a child's right to be free from cruel and unusual punishment as guaranteed by the Eighth Amendment to the U.S. Constitution. It is this theory upon which claims by adult members of the armed forces,[2] adults in penal institutions,[3] and juveniles in correctional facilities[4] have succeeded in eliminating the use of corporal punishment against themselves.

In the educational context, this claim has been advanced in an increasing number of law suits. Most recently, a group of students from Dade County, Florida, relied upon this claim in *Ingraham* v. *Wright*, a case decided by the U.S. Supreme Court.[5] The plaintiffs in this action did not advance the broad proposition that all corporal punishment was cruel and unusual, but only that the particularly harsh punishment which they had received fell within the protection of the Eighth Amendment. In its decision, a sharply divided Court ruled that the U.S. Constitution offers no basis for granting relief to the children. Dealing with the Eighth Amendment claim, the Court reasoned that the prohibition against cruel and unusual punishment was originally included in the Bill of Rights to protect those convicted of a crime. Consequently, students could not assert the protection to shield themselves in an educational setting.[6] This decision runs counter to a number of earlier lower federal court decisions which, without discussing the issue, had just assumed that the Eighth Amendment claim would apply.[7]

A second line of attack which has been used in many cases is the assertion that a child cannot be physically punished without consent of the child's parents. This claim is grounded in the theory that since parents possess a superior right to the care, custody, and control of their children, this control should extend to the decision whether or not to corporally punish their children.

This issue received limited Supreme Court review in the recent case of *Baker* v. *Owen* in which a federal district court in North Carolina ruled that parental consent was not necessary prior to physical punishment.[8] The Supreme Court, without an opinion, summarily affirmed this decision in May, 1975. That decision runs counter to several federal district court opinions including a case in the Western District of Pennsylvania, *Glaser* v. *Marietta*.[9]

A third basis of attack on the use of corporal punishment in educational settings is grounded in the due process clause of the Fourteenth Amendment. This theory would require that physical punishment only be administered after the imposition of certain protections such as prior notice that an offense may occasion the use of corporal punishment, notice of the offense for which one is being punished, and some chance to defend oneself against the claim that an offense has been committed.

The lower court opinion in *Baker* v. *Owen* specifically addressed this issue and required the safeguards mentioned and the administration of punishment in the presence of a second school official, and upon request of the parent a written explanation of the punishment and reasons for its imposition.[10] Since the Supreme Court never ruled on this issue in *Baker* as it was not appealed to the higher Court, it was a case of first impression when presented in *Ingraham* v. *Wright*. After conceding that freedom from bodily punishment was a liberty protected by due process, the Court concluded that imposition of administrative safeguards, while intruding significantly on the educational process, would add little to the child's protection. This fact, coupled with a belief that the "openness of the school environment" and the availability of civil and criminal remedies against teachers adequately protect children, was sufficient justification for the ruling that due process procedures were not necessary prior to the imposition of corporal punishment on students in the schools.[11]

From a litigation standpoint, then, it seems the federal constitution does not protect the child from imposition of physical punishment. It is interesting to note that both the lower court opinion and the opinion of the Supreme Court in *Ingraham* addressed this problem. Deploring the use of gross physical abuse that had been alleged in the case, the court directed the plaintiffs that they might turn to state court tort and criminal remedies to redress their grievances.[12] In dispensing with the due process issue the Court specifically relied on the existence of these alternative remedies as justification for disallowing the constitutional claim.

Although this is a tactic which has always been available to the individual, as an attorney who deals daily with the rights of juveniles, I see many problems with this approach. A primary problem with the case-by-case method of dealing with individual abusive teachers is that it only deals with the extreme forms of physical abuse. In *Ingraham* the student needed hospital treatment and missed 10 days of school as a result of punishment. Surely we wish to limit physical violence long before it occasions the need for medical treatment.

We have now started to articulate standards of emotional abuse against parents. Are not some of the methods employed against school children likely to be as damaging as anything done by parents? It is inconceivable to me that any of this type of activity might be limited through private damage actions.

A second problem is that children in general, and especially those children against whom physical punishment is most likely to be inflicted, are largely underrepresented in the legal system. Even the attorney who may consider taking such a case on a contingent fee basis, which is the norm in damage actions, will attempt to assess the likelihood of recovering a monetary judgment against a school teacher. Since the chances are slim in most communities, the lawyer, unless motivated by some altruistic reasons, is unlikely to take the case. The state court remedy then will only be available to that small percentage of families who can afford to employ an attorney and pay for the representation prior to commencement of the action.

If, indeed, state court actions become successful on a large-scale basis, I see a third hurdle to the effective limitation of corporal punishment through the courts. This hurdle is the use of liability insurance to protect teachers against claims of physical assault. As has happened in the case of police and fire employees, it would not be unlikely to see provision of such coverage as a major contract demand by teachers' unions when negotiating with their school boards.

Whether or not any of these problems present insurmountable difficulties to individual recoveries, there exists today a fourth factor which I believe makes state court remedies totally ineffective. In most of these actions the teacher will likely demand a jury as the decision-maker. Dr. Gertrude Williams, a child psychologist instrumental in the formation of the American Psychological Association's Task Force on Corporal Punishment, related her experience when she appeared as an expert witness in a damage suit against a teacher. An 11 year old girl had been beaten on the hands and buttocks by her over six foot tall male teacher for refusing to leave the cloakroom.

> After deliberating for 45 minutes, the jury decided in favor of the teacher who had testified on the need to maintain order in the classroom. During a recess, I heard someone say, "A kid suing a teacher? What'll they think of next?" And as we filed out of court: "A teacher shouldn't have to worry about getting sued for doing his job!" and "That'll teach her to get out of line. Can you imagine what would have happened if the kid had won the case!"[13]

It is this attitude which is found in most of our communities that, in my opinion, is the major obstacle to limiting the use of physical force in the classroom.

If litigation, either through federal constitutional or state court damage actions, ineffectively limits corporal punishment, are there other legal methods that can be employed? One possible method is the enactment of state court statutes forbidding corporal punishment. New Jersey has had for some time a statute forbidding the use of corporal punishment.[14] A few other states, such as Massachusetts, Maine, and Maryland, have more recently placed some legislative limitations on the use of physical punishment in their schools.[15, 16, 17]

Even in these states, however, the problem has not been totally solved. The last Massachusetts legislative session considered a proposal seeking to repeal the ban on corporal punishment. And in sharp contrast to the few states which have limited its application, 21 states have statutes specifically authorizing its use.[18]

Another method of limiting or eliminating corporal punishment that has been attempted in some areas is agency regulation. In areas with sympathetic administrators this can be a particularly valuable tool, especially since an agency head may feel immunized from public opinion favoring corporal punishment.

In Pennsylvania, the Commonwealth's Department of Education establishes regulations and guidelines which are to be followed by the state's public schools. Their guidelines, which were approved in September 1974, while not eliminating corporal punishment, required that it only be administered with parental approval.[19] A few months ago, Commonwealth Court invalidated the department's authority to impose such regulations on its member schools in the case of *Girard School District* v. *Pittenger*.[20] It would seem then, at least in some states, that agency regulation may not effectively limit corporal punishment.

How then are we to approach the problem of attempting to eliminate the use of physical force in the classroom? To answer this question it is first necessary to consider some of the common justifications for its continued use and look for alternative solutions to the difficulties suggested.

With more and more incidents of violence and disruptive behavior in schools today, parents, educators, students, and communities have become increasingly alarmed. These occurrences are seen by many as a primary reason for sanctioning corporal punishment in schools.

Unfortunately, there are few programs available to schools and communities dealing with the reduction of violence and disruption. One helpful step toward dealing with this problem is to offer coordinated training and technical assistance to teams of local school personnel and community representatives interested in planning interventions tailored to their specific needs and resources.

The U.S. Office of Education and the Law Enforcement Assistance Administration are cooperating to apply the school team approach to the prevention and reduction of school crime and disruption. The Alcohol and Drug Abuse Education Program, which currently operates a system of Regional Training and Technical Assistance Centers, will be expanded to train pilot demonstration teams.

Approximately 80 teams will be trained, representing a cross section of schools serving grades 5 through 12, which evidence a history of school crime or disruptive problems or which have experienced the consequences of these offenses in terms of fear, discord, and interference with the educational process. Each team will consist of seven members including an administrator, classroom teacher, guidance counselor, school security officer or disciplinarian, representative of the local juvenile justice system, community representative, and a student or other young person. One team member will also serve as coordinator responsible for coordinating team activities and maintaining a liaison between the school and the center.

Each team will survey the school and community to assess their own problems and then formulate a set of goals to be met within a given time period. The resources of faculty, students, parents, and others in the community will be drawn upon with the experiences of existing programs and additional suggested approaches being supplied by the centers. By encouraging students to participate more fully in school activities, including such programs as peer counseling, the teams hope to produce added pride and interest in the schools. Parents and the community may be involved in programs like cafeteria monitoring as efforts are made to establish an environment more conducive to learning in which students are free of the fear of violence.

Through an interagency funding agreement, a grant of $1,233,000 will be used to fund this project. Three of the regional centers in midwestern and western states have been awarded the contracts to provide assistance to the local schools. The program is funded until September 30, 1977, and an ongoing evaluation process will be used until September 30, 1978, to assess the impact of the interdisciplinary team approach upon crime and fear of crime in the schools.

Whether plans such as this will decrease violence in schools remains to be seen. The answer, however, may be intimately tied to a second argument for corporal punishment: such conduct is necessary in order that teachers can protect themselves from violent youth. This objection is a false issue since even in states where physical punishment is forbidden, there exist exceptions for this situation in which the teacher is defending herself/himself against a physical attack. Further evidence of the dishonesty involved in this approach is offered by the statistical data which indicate that corporal punishment is most likely to be used against the younger and smaller child.[21]

A final problem often cited as an excuse for hitting students is its efficacy as a classroom control mechanism. Teachers indicate that it is the swiftest, surest method of dealing with disruptions, takes little time to administer, and causes immediate behavior change. While these results certainly make life easier for the teacher, one wonders what effect they have on the child who is taught that the use of physical force against children is acceptable behavior.

I have already stated that I do not believe litigation offers the promise of eliminating the physical abuse of our children in schoolrooms. I leave to you the question of whether state or federal legislatures are likely to act by way of statutory revision, realizing of course that children do not possess a potent political voice.

What is certainly necessary, and what might have some effect, is to begin to deal with attitudes. The American public must be taught to view corporal punishment for what it is, an officially sanctioned form of violence having effects upon the student which last long after the sting or bruises disappear. Teachers must be offered alternative methods of classroom control. Teachers' unions and school boards must likewise be reeducated to take formal positions opposed to the use of physical punishment. Finally, parents must be encouraged to demand that the physical abuse of their children in our nations' schools cease.

FOOTNOTES

[1] Ingraham v. Wright, 45 U.S.L.W. 4364, 4371 (1977).

[2] 10 U.S.C. Sec. 855 (1975).

[3] Jackson v. Bishop, 404 F.2d 571 (8th Cir. 1968), and the cases cited therein.

[4] Nelson v. Heyne, 491 F.2d 352 (7th Cir.), cert. denied, 417 U.S. 976 (1974).

[5] Ingraham v. Wright.

[6] Ibid., 4369.

[7] Baker v. Owen, 395 F.Supp. 294 (M.D.N.C.), aff'd, 423 U.S. 907 (1975); Glaser v. Mariettal, 351 F.Supp. 555 (W.D.Pa. 1972); Ware v. Estes, 328 F.Suppl. 657 (N.D. Tex. 1971), aff'd per curiam, 458 F.2d 1360 (5th Cir.), cert. denied, 409 U.S. 1027 (1972); Whatley v. Pike County Board of Education, Civil Action No. 977 (N.D. Ga. 1971) (three-judge court); Sims v. Board of Education, 329 F.Supp. 678 (D.N.M. 1971).

The Eighth Circuit specifically considered physical punishment in the schools and found that excessive punishment could be prohibited as cruel and unusual. Bramlet v. Wilson, 495 F.2d 714 (8th Cir. 1974).

[8] 395F.Supp. 294 (M.D.N.C.), aff'd 423 U.S. 907 (1975).

[9] 351 F.Supp. 555 (W.D.Pa. 1972).

[10] Baker v. Owen, 302-303.

[11] Ingraham v. Wright, 4372.

[12] Ibid., 4369, and Ingraham v. Wright, 525 F.2d 909 at 915 (5th Cir. 1976).

[13] G. J. Williams, "An Editor's Reflections on Pain," *Journal of Clinical Child Psychology*, 1975, 56.

[14] N.J. Stat. Ann. 18A: 6-1 (West) 1968.

[15] Mass. Ann. Laws Ch. 71 Sec. 37G (1972).

[16] Me. Rev. Stat. Tit. 17-A, Sec. 106(2) (1976).

[17] Md. Ann. Code Art. 77Sec. 98B (1975).

[18] Cal. Education Code. Sec. 49000-49001 (1976); Del. Code Ann. Title. 14 Sec. 701 (1976 Supp.); Fla. Stat. Ann. Sec. 232.27 (1977); Geo. Code Ann. Sec. 32-835, 32-836 (1976); Haw. Rev. Stat. Sec. 298-16 (1975 suppl.), 703-309 (2) (1975); Ill. Ann. Stat., c. 122 Sec. 24-24, 34-84a (1977 Supp.); Ind. Code Ann. Sec. 20-8.1-5-2 (1975); Md. Educ. Code Ann., Art 77, Sec. 98B (1975) (in specified counties); Mich. Comp. Laws Ann., Sec. 340.756 (1976); Mont-Rev. Codes Ann. Sec. 75-6109 (1947); Nev. Rev. Stat. Sec. 392-465 (1973); N.C. Gen. Stat. Sec. 115-146 (1975); Ohio Rev. Code Ann. Sec. 3319.41 (1972); Okla. Stat. Ann. Tit. 70 Sec. 6-114 (1972); Penn. Cons. Stat. Ann., Tit. 24, Sec. 13-1317 (1976-1977 Supp.); S.C. Code Sec. 21-776 (1975 Supp.); S.D. Comp. Laws Ann., Sec. 13-32-2 (1975); Vt. Stat. Ann., Tit. 15, Sec. 1161 (1974); Va. Code Ann., Sec. 22-231.1 (1950); W. Va. Code, Sec. 18A-5-1 (1977); Wyo. Stat. Sec. 21.1-64 (1975 Supp.).

[19] 22 Pa. Code Sec. 12.5(c).

[20] 370A.2d 420 (Pa. Commw. Ct. 1977).

[21] S. M. Shaffer, *Corporal Punishment Survey* Pittsburgh, Pennsylvania, Board of Education, Office of Research (June 13, 1968).

The State as Parent: Solutions and Problems

Weeping in the Playtime of Others: An Update

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Last year I wrote a book called *Weeping in the Playtime of Others.* The basic premise of this book is that the incarceration of children (dependent-neglected to delinquent) within our country is a multi-billion dollar industry perpetuated by the politics of jobs, corruption, professional power, and public misinformation, while the very children we are mandated by law to protect are forgotten and destroyed.

Now, a year later, I find that although there are signs of change and some grass-roots activities directed at juvenile justice reform, the premise of *Weeping in the Playtime of Others* remains tragically intact.

When Dr. Jerome Miller closed the juvenile institutions in Massachusetts, not one person lost his or her job. Fully confident that their unions and their politicians would protect them, the employees reported to empty buildings each day for three years and wiled away their time playing pinochle tournaments, at a cost of $1.6 million to the Baystate taxpayers.

An update: In summer, 1976, George Phyfer, director of the Alabama Department of Youth Services, decided to close Roebuck Campus. Formerly known as the Alabama Boys Industrial School, the 260 acre facility was a factory of failure. Each year, taxpayers were spending $16,000 per youngster, compared to only $7,000 to place the same child in a more human group home. The facility suffered bad publicity when a police officer found two iron cages where children repeatedly had been placed in solitary confinement over the past sixteen years. Roebuck Campus was also a fire trap: It would cost $340,000 to bring the school facilities up to minimum fire safety requirements.

Reaction to George Phyfer's decision to close the school was spontaneous and diffuse. A group of employees known as "SAVE OUR SCHOOLS," P.O. Box 9719, rallied support in the Birmingham area with a flyer directed at the business community: "SAVE THE CHILDREN: Loss of a one million dollar payroll plus the $500,000 spent locally is of concern to Birmingham Businessmen!"

The political community also responded. Last September 4th, twenty-seven elected officials, including four state senators, fifteen state representatives, the county commission, the mayor, the district attorney and one lone guardian of a youth committed to the old reform school, filed suit to keep the school open. Circuit Judge Willim Barber quickly heard the case. He not only agreed to keep the school open, but ordered Roebuck Campus to be taken away from the Department of Youth Services and turned over to the First National Bank of Birmingham, which would act as trustee.

Victorious in court, the politicians, known locally as "the Sunset Committee," vowed to remove Director George Phyfer and destroy the Alabama Department of Youth Services. Currently, both the department and George Phyfer are fighting not only for the kids, but their "lives", as the Sunset Committee sinks lower and lower in the darkness of their own political intrigue.

Closely related to the politics of jobs is the politics of professional power. I found it strange during my three years of investigating that the well-trained professionals within our juvenile justice industry never once collectively decried the practice of locking up noncriminal children--status offenders (truants, runaways, etc.) and dependent and neglected—with criminal children and adults. Nor did I hear their educated voices anguish over the desolation of children locked away in solitary confinement. Nor did I hear the rage of the medical profession match the rage of children who were driven to suicide. In fact, the National Association for Mental Health, Inc., responded to inquiry on its opinion of extended isolation as follows: "The...Association...has taken no formal position on solitary confinement of children or any other penal practice, nor do we have any data on the effect of solitary confinement on the growth and development of children or such confinement leading to suicide or on suicides within juvenile penal facilities."

With the help of U.S. Justice Department files, including FBI reports, I documented that within the facilities of the $52 million publicly supported Texas Youth Council, children were gassed while in solitary confinement and pregnant girls were forced to take abortion-inducing pills, among various other inhuman punitive measures. Conditions were so cruel that Federal District Court Judge Wayne Justice ruled that Texas was in direct violation of the Eighth

Amendment (Cruel and Unusual Punishment) as well as other articles of constitutional faith. Never before in the history of American juvenile justice was a case so thoroughly investigated, documented and validated as Morales v. Turman.

An update: The state of Texas appealed the court-ordered human reforms and Judge Justice's decision to close down some of the youth facilities. In the spring of 1976 a three-judge Federal Circuit Court of Appeals in New Orleans heard the case. The higher court threw the case out on a point of procedure: the original case should have been heard by a three-judge court. Therefore, the Morales case had to be retried. The outcome is dubious. Cost and time required for a retrial are probably prohibitive. But however it ends, what can never be thrown out on "a point of legal procedure" is the massive evidence of horrors which the trial recorded in the journal of the times in which we live.

Another entry in that journal is the death of Donna Hvolboll at Artesia Hall, another Texas facility. Donna's "accidental" death was later proven to be murder at the hands of the owner of Artesia Hall. The convicted man was later freed, however, because of inadequate Texas licensing laws..."The legislature did not prescribe a statutory code for operators of child care institutions to provide care for its residents."

An update: the unremitting stream of horror stories persuaded the Texas State Legislature to pass a new licensing act in 1975. But there are two yawning gaps in it: (1) It does not cover state-operated facilities; and, (2) "The department may, in specific instances, waive the compliance with a minimum standard on a determination that the economic impact is sufficiently great to make such compliance impractical."

State licensing and inspection laws are supposed to be "the policemen on the beat," protecting incarcerated children, especially in private facilities. Yet, the sad truth is that most state licensing laws are ineffectual and/or ignored. Why? Who takes that cop off the beat? Who ensures that he isn't checking the doors against the prey of night? Could it be the private associations of child care owners with well-financed lobbies in state capitals? Could it be misinformed state legislators? Could it be an uninformed public? I say "yes" to all of them.

Even though the American Bar Association recommends the removal of status offenders from the courts and Congress, in 1974, passed the Juvenile Delinquency Prevention Act which calls for the removal of noncriminal children from penal institutions, the National Council of Juvenile Court Judges stands adamantly against such obvious reform. As recently as November 16, 1976, at the First National Conference on Issues in Juvenile Justice and Child Development, Judge Margaret C. Driscoll, their president, took a strong stand against the ABA new standards: "The Juvenile Court Judges of this nation cannot stand idly by and watch the destruction of the juvenile court system."

Judge Driscoll also stated that "youngsters who are status offenders are often more emotionally disturbed than children who commit criminal acts." My question to the judge is: When are the status offenders more emotionally disturbed--before they are locked away with serious offenders or after they have had the experience of lock-up, institutional drugs, legalized child abuse, etc.?

An update: Recently the Pennsylvania House of Representatives voted overwhelmingly to comply with the new federal law dealing with juvenile delinquency prevention. This would change the status of offenders from "delinquent" to "deprived." It also provided an enlightened clause to end the depressing practice of placing thousands of Pennsylvania youths in adult, county jails.

Pennsylvania Juvenile Court Judges publicly opposed the measure because they claimed to have no alternatives to county jails, and effectively teamed up with two state senators to kill the reform measure--Senate Bill 748. How can one gauge the personal interests of judges? Do they truly desire alternatives before supporting the removal of status offenders from jails or do they fear a loss of their professional power? I have my own opinion, but I leave the answer to you, the taxpayer, the concerned child worker, the humanist, to decide.

The third politics at work is the politics of corruption. I'm not just talking about stealing monies by fraud or whatever. I mean the corruption of P.Y.A.--Protect Your Ass--as practiced by most sister agencies within state government.

An update: In September, 1976, a CBS "Sixty Minutes" program--Interstate Commerce of Kids--showed that the state of New Jersey was sending kids hundreds of miles away from their homes and families for questionable treatment in a private, profit-making facility in Florida. A public-interest lawyer found enough evidence during a visit to the center to ask a Newark judge to reconsider before returning two boys who were home for Christmas vacation.

While one state was investigating the facility for consumer fraud, the New Jersey Attorney General's Office was defending the practice of shipping kids out of state as well as defending its sister agency--the Department of Youth and Family Services (DYFS)--responsible for the placements. New Jersey taxpayers unwittingly provided travel expenses for officials of the profit-making school who flew from Florida to defend themselves. It is ironic that U.S. District Judge Alvin B. Rubin, in his precedential ruling (*Gary W.* v. *Louisiana*), ordered mentally retarded Louisiana children, being warehoused in Texas, to be returned home, yet the New Jersey State Attorney General's Office acted as the private law firm for a facility that earned a million dollars in profit last year for warehousing hapless out-of-state youngsters.

Of all the things that I personally uncovered, nothing disturbed me more than the loosely operated $90 million National Health Care program for the Uniformed Military Services (CHAMPUS) (Department of Defense) in Washington, D.C. Incompetent administration and corruption were the breeding grounds for mushrooming "child care" units. Sixty percent of these units did not exist prior to Congressional funding of this program (in 1966) for emotionally disturbed children. Abuse was (and still is) widespread, including exorbitant fees and poorly defined medical services.

In July, 1974, nationally televised hearings on abuses of the CHAMPUS program were conducted by Senators Henry Jackson and Charles Percy. After months of intensive investigations, the Senate Subcommittee on Permanent Investigations released its findings on two facilities: University Center in Ann Arbor, Michigan; and, Green Valley in Orange, Florida.

It was Green Valley and its controversial director, Reverend George von Holsheimer, that drew national attention from Time, the Washington Post, the N.Y. Times and the major TV networks. The charges were bizarre but true: urine injections to cure allergies; supplying children who threatened suicide with a loaded gun and telling them to use it (one did); chains and electrical cattle prods, etc., etc.

Senator Jackson called it worse than the German concentration camps and questioned how such conduct could go on in America. The Comptroller General of the United States wondered aloud about $184,000 in questionable billings by the Green Valley School. On national television, the interest of Washington politicians equalled the brilliant TV lighting.

An update: June 9, 1976.

> SEN. PERCY: On July 24, 1974, GAO (General Accounting Office) appeared before this Subcommittee and testified regarding an audit questioning a payment of $184,000 by CHAMPUS to the Green Valley School. On May 24, 1975, CHAMPUS referred this to the General Counsel, Department of Defense, and on March 26, 1976, Defense referred the matter to the Justice Department for investigation. I have since learned from the staff that the FBI, which is currently investigating the questionable billings, has been unable to locate the records of the Green Valley School. Why did it take CHAMPUS a year to turn the matter over to the Justice Department?... You did not have a hearsay piece of evidence. You had the Comptroller General of the United States testifying that there was $184,000 of payments that they couldn't account for. What is so complicated about turning this over to the law enforcement agency of the government and having them do it? What did your delay accomplish?
>
> COL. PENNER: I hope a document that would ultimately lead to some decisive judicial action.
>
> SEN. PERCY: In the meantime, the records are gone.
>
> COL. PENNER: I am at a disadvantage in that I wasn't personally involved. The work on assembling the documents was done by our legal staff in Denver.
>
> SEN. PERCY: You simply cannot justify the delay?
>
> COL. PENNER: I personally can't. No.

And on February 14, 1977, Reverend von Hilsheimer wrote a Ms. Ruth Rice, "Green Valley was closed for economic reasons a year after I left it and has yet to have a single charge against it substantiated by any sworn witness at all. Not a single one."

Let me now address myself to the problem of labeling children "mentally retarded" to insure incarceration and out-of-state placement for the sake of securing federal and state monies. In the words of one "mentally retarded" child from Kansas:

"From the cities Dark and Gray
They send their children far away"

It is these children who suffer most from the neglect of their distant states and parents, for they are truly forgotten and rarely checked by the sending states. A recent report by the General Accounting Office in Washington, D.C. concluded that millions of dollars have been paid by HEW to ineligible institutions where children sometimes languish in dirty, crowded and crumbling conditions while bureaucratic administrators fight over who siphons off the most money. Almost half the institutions visited were either unlicensed or had serious physical deficiencies. Three of the largest exporters of children are state departments of education in New York, New Jersey, and Virginia, yet not one single person is assigned to leave those states to observe the conditions of the receiving facilities or the progress of a single child. Nothing can equal the hell that we, as a society, place on these sadly forgotten youngsters conveniently tucked away from our consciences for years.

The litany of abuse, government mismanagement and incompetence and corruption goes on crushing life's flowers in the garden of youth. How can we protect and defend the children? I have some ideas based on my collective experiences as an educator, a professional political consultant, a writer, and now a national investigative reporter for both TV and the writing press. Basically, these suggestions fall into two categories of accountability: human and financial. I would like to see all of them become policy and law on national and state levels: (1) consolidate existing federal, state, county, and local programs which are designed to help troubled children, while coordinating efforts to help the entire troubled family. Family counseling and crisis intervention would be far more effective than the "therapy in a vacuum" we now practice by placing a deprived child in a cold cell or isolation room; (2) when the family is beyond help or, in fact, no longer exists, local community based programs (group homes, runaway shelters) should be provided to assist the victimized children in their own communities rather than shipping them to facilities in distant states which, at best, are difficult to evaluate and are immensely costly to the taxpayers; (3) if a child needs to be placed in "need of supervision," we should also consider placing his parents, and in some instances, his school, in "need of supervision" if they are not living up to their responsibilities; (4) citizen groups without vested self interests should be supported by government agencies, on a rotating basis, supplying monitoring training for child care programs. This would insure personal accountability and prevent legalized child abuse; (5) initiate (for the first time in child care history) public financial accountability. Profit-making businessmen, caring for troubled children with public monies, should be required to submit full audits of their total operations. Nonprofit juvenile treatment facilities should do likewise, as well as being required to file IRS Form 990 which shows annual and total financial worth within the state. This would allow review by the press and certified public accountants for the public interest; (6) divert present state funds that traditionally go to "Youth Corrections and Public Welfare" line item budgets to new community-based family service programs; (7) prohibit elected officials (who are lawyers) from representing child-caring clients before public agencies that serve as guardians to state wards or dispense public monies; (8) establish a division within the United States Justice Department to protect the constitutional rights of children. For the first time we would take criminal action against adults who fraudulently lock away children (by false-labeling them) for expensive treatment in nonprofit and profit-making residential centers; and (9) create a National Child Health Care Enforcement Agency which would set up strike force teams to make unannounced visits to child care centers, group homes, private and public residential treatment centers, state training schools, etc. It would be comprised of experts and professionals as follows:

(1)	Medical Doctor	Basically a general practitioner with training in possible drug assaults and abuses to children;
(2)	Psychiatrist	To evaluate psychiatric and psychological treatment and drug dosages and administration;
(3)	Psychologist	
(4)	Psychiatric Social Worker	To evaluate semiprofessional treatment and staff;
(5)	Registered Nurse	To evaluate the general nursing care and drug usage;
(6)	Lawyers (2)	One lawyer with experience in criminal prosecution, particularly in crimes of fraud and embezzlement. One lawyer with expertise in civil rights;
(7)	Certified Accountant	To examine financial records and books;
(8)	Dietitian	To evaluate the quality and quantity of food;

(9)	Public Health Officer	To examine basic health facilities;
(10)	Educator	To evaluate the educational programs;
(11)	Correctional Officer	Someone with experience in penal work who will know if an institution is really a "jail;"
(12)	Investigative Reporter	To research and track down former patients, parents, staff, etc., and to expose abuses.

The ultimate value of such a strike force is in the shock waves that would spread in that loose but interlocking network of communications which connects the owners of "human warehouses" and professionals who have become affluent at the expense of the countless taxpayers and children. Programs and concepts that are found to be exceptional could be widely communicated and shared. Programs that are operating merely for financial profit could be brought to the attention of local district attorneys and the U.S. attorneys.

I leave you with this thought: The children within the American justice system are like the character in Joseph K. Kafka's play, "The Trial." He is blindly and determinedly struggling to get before the right judge. At the play's end, Kafka wrote, "Where was the Judge whom he had never seen? Where was the High Court which he had never penetrated?"

I submit to you, that judge, whether good or evil, comes not from the political system. He comes from our own values as a people, and the High Court which Joseph never penetrated is deep within our humanity and our hearts.

The State as Parent: Institutional Abuse

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INTRODUCTION

Institutional abuse of children is a more difficult problem than institutional abuse of adults. Adults, even in institutions, have certain rights of citizenship that children do not have. This is, perhaps, as it should be in certain respects. Parents must have certain rights over their children. Parents determine much of their children's life direction, and I, for one, would be afraid to tamper too much with parent's rights.

It is a different situation when the state makes decisions. The state cannot replace the parent. The best state institution cannot provide parental love. The state must act with due process with regard to all of its people, including children.

With regard to civil rights and the state, children are our last minority. Women, Blacks, Chicanos, Indians, all minority groups other than children have one distinct advantage--they are majors. They were able to get the power of the vote. With a voting bloc behind them, they were able to organize, develop leaders, and demand attention.

Children will not be able to do this. They will not get the vote or become organized. It is our duty as a society to do this for them. The most important role of any society is to raise its children. The way a society raises its children determines the future of that society. Recently, we have not done a very good job.

I believe parental child abuse is a secondary issue. As a society, we are not even doing a good job of teaching our kids how to read. As a society, we should be ashamed of how we treat children when we take them away from neglectful or abusive parents. Our track record is dismal. We must set a better example. When we can offer abused and neglected children a better alternative, then we will have a right to judge individual parental abuse and neglect.

There are many things that can be done. The courts and legislatures can open the door, but it is the public that must be informed and educated. An informed and educated public will force the proper change.

THE CASE OF *GARY W.* v. *LOUISIANA*

Five years ago I met Ken Wooden who was doing research for his book, *Weeping In The Playtime Of Others, America's Incarcerated Children*, McGraw Hill, 1976. Ken told me that Louisiana had sent thousands of children to out-of-state, profit-making "warehouses," and that thousands of lives were being crushed. I, the young "juvenile rights lawyer" did not know what my own state was doing. I later found out the interstate commerce of children is a big business involving many states, not just Louisiana and Texas. After being informed, prodded, and helped by this Irish Yankee, my regional pride took over and with more help from Edith Back and the Children's Defense Fund, I filed suit in September, 1974.

We sued on behalf of all Louisiana children in Texas. This meant suing 44 private child care institutions in Texas and several responsible Louisiana officials. Perhaps a hundred lawyers worked on different sides of the case. The Civil Rights Division of the U.S. Justice Department joined our side and the Federal Bureau of Investigation provided a lot of help.

Gary W. v. *Louisiana* went to trial in March, 1976. I could tell you many horror stories we proved at the trial. I would rather tell of one of the few cases that has a happy ending.

When Joey was two and one-half years old his father left home and Joey's mother applied for welfare. She was turned down because welfare required that her husband be gone for six months. The state said it would care for her children while she got on her feet. After a year, Joey had been to three foster care homes. His mother got back her other children, but was told she could not have Joey because he was emotionally disturbed. His file showed the evidence of his emotional disturbance was that every time his mother visited him he threw a tantrum and said, "I want to go home with my mommy."

Because of this serious emotional problem, Joey was sent to New York for six years and then an institution in Tyler, Texas, for three years. Then, we got a court order releasing Joey as part of the *Gary W.* v. *Louisiana* case.

During this time, Joey's mom contacted welfare officials monthly asking for Joey's return to her home. At the trial, Joey's mom remembered the names of each of the many caseworkers assigned to her case. Joey is now home, attending public school, and doing fine. Joey was labeled neglected by the state—Joey was neglected by the state.

When Joey was released, we were told he must be kept on medication. Our doctors took him off medication and he did fine.

When Joey was released, we were told he was retarded. He is not retarded. His last caseworker told me the state did everything they could for Joey. I wish they had done less.

The case was not about how bad some of the 44 institutions were; some were pretty good. The case was one of state abuse and neglect. Louisiana did not know much about any of these institutions. Louisiana children had literally been banished from their homes. Louisiana was spending seven and one-half million dollars for child care in Texas, but denied even knowing how many children they were paying for in Texas or what happened to them when they grew up.

In July 1976, Judge Alvin Rubin issued an order giving children certain constitutional rights for the first time. The order was 42 pages in length and with later supplemental orders grew much longer. Part of the order states:

> Involuntary institutional confinement of any person, adult, or child, entails a "massive curtailment of liberty." Such institutionalization stigmatizes those confined and may at times exceed even criminal incarceration in its destructive impact on an individual's personal freedoms...In return for this curtailment of liberty the state must consider means that are capable of achieving its purposes in ways that are least stifling to personal liberty, and it must offer a therapeutic consideration to the needs of the individual, treating him constructively and in accordance with his own situation rather than automatically placing in institutions perhaps far from home and perhaps forever, all for whom families cannot care and all who are rejected by family or society.

Judge Rubin did not say we could not send children across state lines. But he did say that each child must be diagnosed and treated according to an individualized treatment plan. That individualized treatment plan must consider the child's need to be near his family and community. The court order also provides minimum constitutional standards for institutionalization.

Gary W. v. *Louisiana* will not close our large institutions any more than *Brown* v. *Board of Education* integrated schools in 1954. We won a battle but still have a long war.

AN ALTERNATIVE TO INSTITUTIONALIZATION: DEINSTITUTIONALIZATION

It is impossible to provide real love to a child in an institution. Institutions separate persons from the real world, making it difficult for them to reenter. Children in institutions adjust to being taken care of and do not learn to be responsible for their own actions.

Children raised without love are scarred for life.

Institutionalization of children guarantees only one thing--that they will grow up to be institutionalized adults.

Two classic cases of institutionalization are Charles Manson and Gary Gilmore. Both spent more than half their lives locked up before we heard of them. Every time they were let out they would do something to get locked up again. I do not know the full biography of Gilmore, but Ken Wooden's book has a chapter on Charles Manson everyone should read. Charles Manson began living his life in institutions as a status offender, for the crime of poorly choosing his parents. As we know, the state did not do a good job of nurturing him.

I believe the state could do better, and it is not a problem of lack of money. The majority of children in institutions could be served better and more cheaply outside of institutions. Neglecting parents who are neglectful because of poverty and ignorance could be helped through education and services such as day-care and crisis care centers. Group home, foster care, and community-based residential centers all cost less than institutions.

When I tried *Gary W.* v. *Louisiana* in federal court in New Orleans, the state attempted to argue that institutions are required because foster care has a high failure rate. This is true, especially when the foster care program is designed to fail.

If you pay foster parents an amount which is less than it takes to care for the child, you are setting up a program which will fail. If you do not provide foster parents with the support services they need, you are setting up a system that will fail.

If the right way does not cost more, if the courts are convinced, why does it not change faster? Change is slow because of politics and the economics of bureaucracy and instititions. Institutions are made by architects and cement mixers who have friends in politics. Institutions provide political patronage jobs. The state bureaucracy is rewarded for failure, not success. If we deinstitutionalize, the bureaucratic empires of state departments are threatened. Their budgets grow by getting more warm bodies, not by sending them back to the community.

As a society we must learn to reward success, not failure. We can do this by setting up systems that hold government and officeholders responsible for their actions, and by holding ourselves individually responsible for our own actions.

It is all too easy to banish children to other states, to send convicted criminals to large rural prisons. We think that by doing this we rid ourselves of our problems. Out of sight, out of mind, but the solution is only temporary. We do not like to admit it, but Charles Manson and Gary Gilmore are products of our culture. Obviously, most of the products of our society are not Mansons or Gilmores. Just the same, we cannot simply ignore these men as deviants. Our society--our institutions--made them, too. They may be an extreme, the failure rate of our large institutions may not be always as dramatic as it was with these men, but it is a failure rate that should temper our righteous anger at individual parents who fail. If we want them to do better, we must set a better example.

REFERENCES

Gary W. et al v. *State of Louisiana, et al,* C.A. #74-2412. United States District Court, Eastern District of Louisiana.

Children—The New Social Deviants

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Our panel was assigned the topic of the state as parent, specifically as this relates to institutions designed to provide for children. There are several ways to approach the subject. We can talk about residential instititions made of bricks and mortar. We can talk about social institutions to serve children in their homes. The former includes the sprawling edifices filled with those children the community does not want to look at, for example, many of the mentally retarded. The largest community institution for children is Aid to Families with Dependent Children (AFDC), designed to ensure there are no swollen bellies on the streets. Children, however, are abused in both instititions, and each was established or expanded following revelations about abuse or shortcomings in the other.

In 1909, a now-famous White House Conference on Children, reacting to abuses under the nineteenth century orphanage concept, concluded it was wrong to separate children from their families because of economic hardship. The ultimate result was AFDC, subsequently found wanting. So the "treatment" orientation began, designed to cure the children of the poor of the ills that were often created by the system.

In 1977 we are reacting again to abuses in residential institutional care. The move is toward deinstitutionalization, and my question is whether we will do any better this time.

I believe the institution v. community care debates we go through every few decades generally bypass an important underlying issue. The state role of parent grew as a consequence of its children becoming social deviants, not needed and thus not valued by the society. The institutions, brick and mortar and the other kind, are set up to treat deviants. The social sciences and helping professions helped put them in this position and help keep them there.

For the purpose of this examination, a deviant is defined as "one to whom the label has been successfully applied" (Becker, 1963). The 1974 Merriam-Webster Dictionary defines the verb "deviate" as "to turn aside from a course, standard, principle, or topic," and a "deviant" as "one who deviates from some acccepted norm." These definitions depict deviant behavior as acts of will, and coincide with the traditional stance of the social sciences, in which the cause of deviance is sought within the deviant individual.

Howard Becker (1963, 1966, 1973) in sociology and Thomas Szasz (1961, 1970) in psychiatry, both of whom first challenged the traditional position, became leaders in the so-called "labeling" school, in which it is posited that the society makes rules which a deviant breaks, therefore, the deviant is labeled an outsider (see also Erikson, 1964; Friedson, 1965; Hobbs, 1974; Lemert, 1951; Scheff, 1966; Schur, 1971). Rules are broadly interpreted to include the positive value placed on good health as well as codes of conduct. Thus, an individual who possessed alcohol in 1920 was no deviant. That same individual, however, was a criminal a few years later under Prohibition. Similarly, an aged person who lost his memory in a nineteenth century community broke no rules defining sanity. Fifty years later, though, he had a psychiatric label and was confined to an institution. Another study shows that persons with perceptual handicaps such as blindness have been singled out for treatment as deviants in areas not related to their handicaps (Friedson).

Rulebreakers will fall under the rubric of social problems, and Becker described the process by which a condition becomes a problem:

> In an early stage some person or group perceives a condition as a potential threat to their values. Widespread concern develops gradually after that person or group points out the condition to others and convinces them that it is a problem. When enough people are concerned, institutions are established and charged with the responsibility of monitoring, controlling, and eradicating the problem. At this stage, an official agency assumes responsibility...The public slowly loses interest. But agency personnel, whose lives and careers have become dependent upon the problem, must now act to insure its continued existence by repeatedly redefining the problem as great and widespread to various segments of the population. The agency must continue to generate cases, information and data to support these claims. Thus, there is the continuous process of valuation and public definition of "problematic conditions" (Becker, 1966).

The production of statistics, rates of prevalance of problems, produced in the early stage are suspect among followers of the labeling school. One researcher observed that even rates for suicide, which would appear to be most objective, depend upon a complex social process involving place, status of the deceased, actions of family members, physicians, and public officials which precedes the designation "suicide" on a death certificate (Schur).

Another aspect of the institutionalization of social problems, discussed by Hobbs in his study of the consequences of attaching labels to chidren, is professionalization, in which systematized methods are applied to resolve social problems. The technical limits of a profession become territorial boundaries to be jealously guarded. But Hobbs noted that even though the same types of children are to be found in all the different territories, no professional will relinquish turf (Hobbs).

Labels also serve a society by naming its scapegoats. Psychologist Jeffrey Eagle said, "The nation needs scapegoats for survival, especially during an economic cycle. (For instance, a relationship has been established between cotton prices and lynching incidents.) Changes occur when people protectively identify with the scapegoat or when the needs of a group change. But the process will be activated when it is needed" (1976).

Because of the ease of communicating today, various groups, ranging from gays to lepers, who have been scapegoats in the past or who are potential scapegoats, have been organizing, creating their own media, and lobbying for the rights available to others, and to acquire the organizational power which is a primary antidote to scapegoating. It is this paper's contention that today's new scapegoats are children, who alone lack the power of organization. Furthermore, the social position of children has changed from economic asset to liability, making them dispensable and likely candidates for scapegoating.

Child deviants differ from other deviants in several ways. They may be labeled deviant without due process of law or any of the other ceremonies attending the assignment of deviant status to adults (e.g., mental hospital commitment, or conviction of a crime). They cannot organize into power blocs. Their status is future investment or consumer, both of which depend upon others to provide for their development and the means of consuming.

An estimated 7,083,000 individuals under age 20 are labeled retarded, emotionally disturbed, perceptually, neurologically, or orthopedically handicapped, with speech defect, learning or developmental disability; another group called antisocial and appearing in juvenile courts numbered over one million in 1972, or 2.9 percent of all children ages 10-17 in the United States; and, another 10 million were classified as poor in the 1973 census (Hobbs). That these numbers reflect an increase in the trend to attach labels, with its consequences, is evident in the increase of 150 percent in mental hospital admissions of teenagers between 1960 and 1970. And children were the only group whose rate of mental hospital admission did not decrease between 1961 and 1970 (NIMH, 1972). In addition to state institutions which house all age groups, in 1965 there were 4,000 residential children's institutions in this country, ranging from large state training schools for adjudicated delinquents to small establishments for emotionally disturbed children. In 1923 there were only 1,599 orphan asylums (NASW, 1971).

A century ago a child was an essential part of a family economic unit, although change was underway as a result of industrialization and the consequent need of the nation for a different sort of laborer. The first step in the change was the establishment of free public schools after the Civil War. In following decades, children were needed to supplement the labor force during wartime, to join the industrial work force during expansion and curtailed immigration, and to replace war dead. From the turn of the century until the late 1950s, children were publicly acclaimed to be valuable assets.

Three events drastically altered their condition: (1) the *Brown* v. *Board of Education* ruling of 1955, which forced a change in our school systems that is still resisted in many localities; (2) the migration of two million rural Blacks to urban centers in the 1950s, which ended the invisibility of their children; and (3) the launching of Sputnik I by the Russians in 1957, which was immediately followed by emergency appropriations to accelerate training in the sciences, mathematics, and foreign languages and to train school counselors to locate potential scientific talent.

Samuel Bowles' study demonstrated that the American educational system has had a built-in class bias from its beginnings, with differing expectations of working-class and middle-class children (Lightfoot, 1976). A 1972 study showed that teachers reward working-class children for passivity, withdrawal, and obedience, qualities needed by unskilled labor; and middle-class children for individuality, aggressiveness, and initiative, qualities needed by scientists and executives (Lightfoot).

New demands made on the educational system in the late 1950s required the production of a greater number of individuals trained in the sciences but also with the docility required of workers in a technocratic economy. One result has been a hard official line toward those children unable to perform according to new expectations. Suspensions and expulsions of children from schools for minor infractions or inability to perform became commonplace and widespread. Behavior-controlling drugs are said to be administered to an estimated one million children, labeled minimally brain damaged, a diagnosis which is acknowledged even by those who apply the drugs as having no supporting medical evidence other than the children's nonconforming behavior (Messenger, 1975). Corporal punishment, if practiced in the 1940s, was done furtively and apologetically, but is now official practice in most school systems. In 1977, that practice was upheld by a U.S. Supreme Court decision.

Children have been kept out of the labor market for longer and longer periods, beginning with prohibitions against child labor at the turn of the century. By the 1950s, various direct and indirect public subsidies to higher education and the raising of minimum age requirements for work kept the young out of the economy for as long as their mid-twenties. Hence, children are economic burdens to their families for longer periods. But, given new requirements for entering that work force, as the Coleman Report shows, neither the family nor the school can provide guidelines to secure the children's economic future (J. Coleman, 1974).

However, the prevailing milieu of what Howard James (1975) calls "hedonistic consumerism" requires that children as well as adults perform as consumers. One consequence has been the commission of more violent crimes by the young (Seide, 1976). A few years ago, I spoke with a group of four teenage house burglars, all of whom were Black, illiterate, expelled from school during their junior high school years, and living in a ghetto in which 80 percent of their peers were unemployed. Like the good social worker I was trained to be, I told them of my concern for them, pointing out that their activities would harm them. (One was subsequently killed by police bullets during an armed robbery; another is serving a sentence in a state penitentiary.) The leader replied, "That's all well and good for you to tell us not to be burglars. But you tell us how we are to get the things we need if we don't steal." The hedonistic consumer ethic taught these boys that they needed suede boots and a ready supply of cash to spend in fast food stores.

What few attempts have been made to change the circumstances of children have generally emanated from the parents of certain children, notably the mentally retarded, who have succeeded in the courts in establishing the rights of all children to a public education, an action which runs counter to the national purpose of using the schools to produce technicians while the rest are relegated to the streets. Other moves came from legal groups concerned about excesses in the juvenile court system which resulted in denial of basic constitutional rights to children. These groups (e.g., American Civil Liberties Union, Children's Defense Fund) have taken to the courts on behalf of children in class actions.

Hobbs, answering his own question about public apathy toward the plight of children today said, "part of the problem grows out of the preemptive power of categories and labels...The citizen perceives the seriously handicapped or the delinquent as being categorically different and is thus unable to involve himself effectively in the humane treatment."

Even the women's movement has avoided the issue of the condition of today's children in the society. If children are mentioned at all by the movement, it is usually in connection with demands for day care or other services, not because these services are good for children but because they will free women from the "dirty work" of raising them (Claiming that dirty work should be shared with men merely begs the question). And those making such statements forget that children will hear and react to them just as those persons who spoke of "depraved niggers" or the "yellow peril" pretended that black and yellow people were invisible and deaf.

Early in 1976, Ann Landers asked her readers, "If you had to do it over again, would you have children?" A startling 70 percent of those replying said no, a finding which produced a few headlines and irate letters from dissenters. However, Dr. Harcharan Sehdev, director of the Children's Division of the Menninger Foundation, commented, "The Landers letters appear to reflect the general changing trends and opinions of family systems and the place of children in our homes and society. It is a myth that Americans love their children" (Landers, 1976).

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The Legal and Social Limitations Upon State Involvement in a Parent-Child Relationship

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The discussion of protective services for children generally focuses upon a search for the "child's best interest" and the means to obtain it. There are, however, more fundamental questions—questions which generally concern the courts, often to the frustration and bafflement of the social work profession.

The family is a vital social institution, and its integrity is protected by the United States Constitution. Those two fundamental and interrelated considerations, one social and one legal, often support the continuation of a family relationship even when it is contrary to the child's best interests. They generally prevent the severing, even temporarily, of the custodial parent-child relationship, except where:

1. The danger to the child, as judged by standards on which there is a concern of social opinion, is severe;
2. The interference is less detrimental than noninterference; and
3. There are no less drastic means available which will accomplish substantially the same purpose (known in law as the doctrine of "least restrictive alternative").

Some of the legal and social considerations which give rise to those guidelines are set out below with the hope that their understanding will, to some degree, demystify the reluctance of the law to consistently pursue what is best for a child—a reluctance which may otherwise appear callous and insensitive.

CONSTITUTIONAL PRECEDENT

There is a fundamental constitutional right—encompassed within the "liberty" protected by the Fifth and Fourteenth Amendments--to the integrity of the nuclear biological family unit. It has been most frequently articulated by the Supreme Court in terms of the rights of parents to maintain the custody and control the upbringing of their children.

The seminal case for this principle is *Meyer* v. *Nebraska* in which the Supreme Court upheld the rights of parents to have their children taught the German language.[1] The Court, referring to the integrity of the family as a "basic civil right of man," for the first time squarely held that the "liberty" guarantee of the Fourteenth Amendment "without doubt...denotes...the right of the individual...to marry, establish a home, and bring up children."[2]

In dictum, the Court considered Plato's recommendation that children be raised, not by their parents, but by "official guardians," and concluded:

> Although such measures have been deliberately approved by men of great genius, their ideas touching the relation between individual and State were wholly different from those upon which our institutions rest; and it will hardly be affirmed that any legislature could impose such restrictions on the people of the State without doing great violence to both the letter and the spirit of the Constitution.[3]

Two years later, in *Pierce* v. *Society of Sisters*, the Court struck down an Oregon statute which required that parents send their children to public rather than private or church-sponsored schools.[4] That law, the Court held, interfered "with the liberty of parents and guardians to direct the upbringing and education of children under their control."[5]

Similarly, in *Prince* v. *Massachusetts*, the Court, in holding that a state may prohibit the sale of magazines by children (even if of a religious nature) on the public streets, noted, nonetheless:

> It is cardinal with us that custody, care, and nurture of the child reside first in the parents, whose primary function and freedom include preparation for obligations the State can neither supply nor hinder.[6]

Later decisions have reiterated the principle that the family is a constitutionally protected enclave encompassed within the concept "liberty." In *Skinner* v. *Oklahoma*, the Court included within the scope of this right the right to procreate, and invalidated a statute providing for the sterilization of habitual criminals.[7] Likewise, the Court denied interstate recognition of an order from a custody hearing (obtained without notice to all proper parties) in *May* v. *Anderson* In that case, the Court described the rights of the family as "far more precious...than property rights."[8]

More recently, the Court described the right as "freedom of personal choice in matters of marriage and family life," and invalidated the city of Cleveland's mandatory leave provision for pregnant school teachers. *Cleveland Board of Education* v. *LaFleur*.[9]

In *Stanley* v. *Illinois*, the Court held the Illinois dependency statute, which did not accord the protective status of "parent" to unwed fathers, to be constitutionally defective.[10] The Court described the right as one which "come(s) to this Court with a momentum for respect lacking when appeal is made to liberties which derive merely from shifting economic arrangements."[11]

The integrity of the family also finds protection within the scope of the right of privacy which, although not spelled out by the Constitution, is implicit in the Bill of Rights. Upon that theory, the Court has upheld the right of a married couple to use birth control devices as noted in *Griswald* v. *Connecticut*.[12] And, most recently, in *Roe* v. *Wade*, the right of a woman to obtain an abortion was supported by the zone of constitutionally protected privacy which surrounds the family relationship.[13]

A CONSTITUTIONAL RATIONALE

Apart from encompassing the family within the concepts "liberty" and "privacy"—a process which is more one of definition than analysis--the Supreme Court has, curiously, never explored the fundamental constitutional rationale for the family's protected status. They have treated it, indeed, as if the constitutional foundation for the right was too self-evident to be discussed.

The principles may be elusive precisely because they are so basic. More fundamental even than the liberties of the Bill of Rights is the concept pervading the Constitution that the government it creates--and, indeed, any government consistent with its principles--be one of limited powers. The family, as an institution, is essential in maintaining that system.

The two most important institutions which affect our behavior and influence our lives are the family and the state. If you weaken one, you strengthen the other. Any system of laws which has as its touchstone a curb on the powers of the state must rely for its survival upon the strength of some countervailing force. The family, if only for the reason that it fills what would otherwise be an enormous power vacuum, is that force.

Where the family dissolves or functions below a socially acceptable level, the state inevitably intervenes. The state will, thus, take in the abandoned child, rescue the neglected and abused one, coerce compliance with the duty of parents and children to support each other, and direct in the most minute detail parental behavior of divorced spouses. If the family were to dissipate as an institution or its vitality were sapped, the state would inevitably sense the vacuum and inexorably fill the void. It would, by that one stroke, cease to be a government of limited powers.

The unspecified rights reserved to the people by the Ninth Amendment and those guaranteed by the concept "liberty" include the family because constitutional government cannot function without it. That principle is a silent premise in any child protection proceeding and serves as an inflexible limitation on any postulated "rights of children" which rely for their efficacy upon sovereign intervention. The question is, thus, not just, "Is this in the child's interest?" but also "Do we want the state to have this power?"

FOOTNOTES

[1] Meyer v. Nebraska, 262 U.S. 390 (1923).

[2] Ibid., 262: 399.

[3] Ibid., 262: 402.

[4] Pierce v. Society of Sisters, 268 U.S. 510 (1925).

[5] Ibid., 268: 234-235.

[6] Prince v. Massachusetts, 321 U.S. 158 (1944).

[7] Skinner v. Oklahoma, 316 U.S. 535 (1942).

[8] May v. Anderson, 345 U.S. 528 (1956).

[9] Cleveland Board of Education v. LaFleur, 94 S. Ct. 791 (1974).

[10] Stanley v. Illinois, 405 U.S. 645 (1972).

[11] Ibid., 405: 651.

[12] Griswald v. Connecticut, 381 U.S. 479 (1965).

[13] Roe v. Wade, 410 U.S. 113 (1973).

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